amended PROFIT CORPORATION * ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000047768 ( )

1. Corporation Name
CALLE 8 REY'S PIZZA, INC.,

Principal Place of Business
2300 Coral Way
Suite 200
Miami, Florida 33145

Mailing Address
2300 Coral Way
Suite 200
Miami, Florida 33145

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3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
[1] 2300 Coral Way
[21] Suite, Apt. #, etc.: 200
[3] City & State: Miami, Florida
[24] Zip: 33145
[25] Country: U.S.A.

2a. Mailing Address
[26] 2300 Coral Way
[27] Suite, Apt. #, etc.: 200
[28] City & State: Miami, Florida
[29] Zip: 33145
[30] Country: U.S.A.

4. FEI Number: 65-0501472
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Florida Annual Report Services Inc.,
2300 Coral Way
Suite 200
MIami, Florida 33145

10. Name and Address of New Registered Agent

[81] Name: Florida Annual Report Services Inc.,
[82] Street Address (P.O. Box Number is Not Acceptable): 2300 Coral Way
[83] Suite 200
[84] City: Miami FL [85] Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature of person named as registering agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rodriguez, Ramon Sr. 3634 N.W. 13th Street Miami, Florida	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rodriguez, Margarita 3634 N.W. 13th Street Miami, Florida 33125	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NOTE

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Rodriguez, Ramon Sr. 3634 N.W. 13th Street Miami, Florida 33125	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Rodriguez, Margarita 3634 N.W. 13th Street Miami, Florida 33125	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

JB 11-14-96

SIGNATURE: _____ 11/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #