FILE NOW: FILING FEE AFTER MAY 1 IS, \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P9400005373/ BURGERS IN The MAN of the AMEDICA'S, Inc 7795 WIFLAGIER SA #640 Principal Place of Business Minni, \$1 33,44 3. Date Incorporated or Qualified 3a. Date of Last Report Dec 94 2. Principal Place of Bushess 2a. Mailing Address Applied For 26 7795 W. FLAGLEN ST 21 65 05 06036 Not Applicable Suite, Apt # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name M, LIGUORI 8883 FOUNTAINBLEAUBLUS APT 205 82 Street Address (P.O. Box Number is Not Acceptable) City 85 Zip Code El 33172 MIDMI 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. or printed has Not registered agent and little if applicable SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 7.16 DELETE Change \_\_\_ Addition MILIGUORI NAME 1.2 NAME 8883 FOUNTAINBLOAD Blut STREET ADDRESS 1.3 STREET ADDRESS CUTY ST ZIE Miami F 14 CHIY-ST-ZIP 1-111 2 1 Till F Change Addit-on NAME C. LY60021 2.2 NAME 37 C COUNTY CLUB Dr. STREET ADDRESS 23 STREET ADDRESS newsymma Bead \$13765 CITY ST ZIP 2 4 CiTY - ST-ZIP Ditt 3 1 TITLE Channe Add tion NAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS CITY ST ZIE 3 4 CITY - ST - ZIP TIFLE DELETE 4 1 TITLE Change Addition 400001746344 -03/18/96--01026--021 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS \*\*\*200.00 CITY ST-ZIP 4.4 City - ST - ZiP TIL. F DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST ZIE 5.4 CITY-ST-ZIP TIT, F DELETE 6 1 TITLE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS CITY-ST ZIP 6.4 CITY - S1 - ZIP 14. Loo 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)(k). 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

MILL 6 U.G. T.
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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