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PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000053731

1. Corporation Name
BURGERS in mall of the Americas Inc

Principal Place of Business: 7795 W. FLAGLER St MIAMI, FL 33144
Mailing Address:

2. Principal Place of Business	2a. Mailing Address
21 7745 W FLAGLER St.	26
Suite, Apt. #, etc. 22 •	Suite, Apt. #, etc. 27
City & State 23 Miami Fl	City & State 28
Zip 24 33144 Country 25 USA	Zip 29 Country 30

3. Date Incorporated or Qualified: 12/94
3a. Date of Last Report: LAST year
4. FEI Number: 65 0506036 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

M. LiGUORI
8883 Fontain Bleau Blvd.
MIAMI, Fl ~~33144~~ 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 M. Liguori Pres. [signature] 3/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pres [ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME	M. LiGuori	1.2 NAME
STREET ADDRESS	8883 FontainBleau Blvd	1.3 STREET ADDRESS
CITY, ST, ZIP	Miami, Fl 33178	1.4 CITY, ST, ZIP
TITLE	Secty [ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME	C. Liguori	2.2 NAME
STREET ADDRESS	32C country club Dr.	2.3 STREET ADDRESS
CITY, ST, ZIP	New Smyrna Beach Fl 32169	2.4 CITY, ST, ZIP
TITLE	[ ] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY, ST, ZIP		3.4 CITY, ST, ZIP
TITLE	[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY, ST, ZIP		4.4 CITY, ST, ZIP
TITLE	[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY, ST, ZIP		5.4 CITY, ST, ZIP
TITLE	[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY, ST, ZIP		6.4 CITY, ST, ZIP

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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.

SIGNATURE: M. Liguori [signature] M. LiGuori Pres 3/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR