SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:18

DOCUMENT # **P94000060547 (4)**

1. Corporation Name
GUIDE TO DINING PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
9009 S.W. 150TH AVENUE MIAMI FL 33196	9009 S.W. 150TH AVENUE MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report: 8-17-94
4. FEI Number: 65-0522073 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

	2. Principal Place of Business		2a. Mailing Address
21	744 SW 8 ST.	26	744 SW 8 ST
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: MIAMI, FL.	28	City & State: MIAMI, FL.
24	Zip: 33130	29	Zip: 33130
25	Country: USA	30	Country: USA.

9. Name and Address of Current Registered Agent

MATUSIEWICZ B., ANDREW
9009 S.W. 150TH AVENUE
MIAMI FL 33196

10. Name and Address of New Registered Agent

31	Name: ANDREW MATUSIEWICZ B.
32	Street Address (P.O. Box Number is Not Acceptable): 744 SW 8 ST.
33	
34	City: MIAMI FL 35 Zip Code: 33130

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 ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATUSIEWICZ B., ANDREW
STREET ADDRESS	9009 S.W. 150TH AVENUE
CITY ST ZIP	MIAMI FL 33196
TITLE	VD
NAME	ARELLANO, WILLIAM
STREET ADDRESS	9009 S.W. 150TH AVENUE
CITY ST ZIP	MIAMI FL 33196
TITLE	SD
NAME	OVIEDO-REYES, ALFONSO E
STREET ADDRESS	8370 W. FLAGLER ST. #110
CITY ST ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

CR2E034 (3/95)

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: A Matusiewicz 6/26/95 (305) 858-8574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. MATUSIEWICZ, PRESIDENT