

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

amended PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 NOV 14 AM 10:37

DOCUMENT # 994000070245 ( )

1. Corporation Name CORAL WAY REY'S PIZZA, INC.,

SECRETARY OF STATE



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

3. Date incorporated or Qualified 09/23/1994 3a. Date of Last Report 05/01/1995 4. FEI Number 65-0521136 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

2. Principal Place of Business 21 2300 Coral Way Suite, Apt. #, etc. 22 200 City & State 23 Miami, Florida 33145 24 33145 Country 25 U.S.A. 26 2300 Coral Way Suite, Apt. #, etc. 27 200 City & State 28 Miami, Florida 33145 29 33145 Country 30 U.S.A.

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 Suite 200 84 City Miami FL 85 Zip Code 33145

9. Name and Address of Current Registered Agent Florida Annual Report Services Inc., 2300 Coral Way Suite 200 Miami, Florida 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 NOTE: Registered Agent signature required when re-issuing

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, State, Zip for multiple individuals.

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)(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.

SIGNATURE: [Signature] SIGNATURE AND ZIP OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

JB11-14-96