FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

MIAMI FL 33141-4415

1957 71ST

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1957 71ST

MIAMI FL 33141



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Husba

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075132 (8)

CAJUN & GRILL OF WESTLAKE CENTER, INC.

US			US	US					3. Date Incorporated or Qualified 3a. Date of Last Report						rt	
														01/1996		
2. Principal Place of Business				2a. Mailir	2a. Mailing Address				4.	FEI Number				1	Applied	d For
21				26	26					91-1669845 Not Applicable						plicable
Suite, Apt. #, etc.				Suite,	Suite, Apt. #, etc.				5	Certificate of S	Status Desir	ed.		\$8.75		
22				27	· d ·										Require	
	City & State			City &	City & State				6.	6. Election Campaign Financing \$5.00 May Be						
23	Tin.			28					Trust Fund Co	ontribution		L	Adde	d to Fe	3 0 S	
	Zip	<u>├</u> ¬				h	Country			This corporation					s. 199	3.032,
24		o Nama	and Address of C	29	29 30 Registered Agent					Ftorida Statutes Yes No 10. Name and Address of New Registered Agent						
	VEIN			volletit negistered i	-gon	8	1	Name	10.	Name and Ac	JUIGSS OF IA	ew neg	inteled t	- April		
		IG, HOI S	ANG					. 10///0								
		71 S T						82 Street Address (P.O. Box Number is Not Acceptable)								
	MIAM	I FL 3314	1			8	3									
								_								
						8	4	City					FL	85 Zij	p Code	0
44	Pursuant to	the provis	ions of Sections of	07 0502 and 607 150	8 Elwida Statul	tae the abo	1	named o	corporation	n eubmite this s	etatoment fo	y the ru		changing	ito ro	aiclared
	office or re	gistered ag	ent, or both, in the	State of Florida Suc	th change was	authorized I	by t	he corpo	oration's b	poard of directo	ors. I hereby	accept	the app	oinlment a	ıs regi:	stered
	•	ı tamıllar w	in, and accept the	obligations of, Secti	on 607.0505, FI	lorida Statut	es									
SIG	inature _s	Jonature (voer)	or parted name of records	med agent and title if applica	the (NO)	It.: Rogistered A	nent	Signal ne re	equired when	(Mariantan)			DATE			
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l	-ST-ZIP	MIAMI FL				1.4 CITY										
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MAM	E					6.2 NAMI	E									
STRE	ET ADORESS					6.3 STRE	ET AI	DDRESS								
	-ST-ZIP					6.4 CITY										
14,	I do hereby information	/ certify that indicated	it the information so on this annual reod	upplied with this filing ort or supplemental a	y does not quali nnual report is t	ify for the ex true and acc	cura	iption sta ate and fl	ated in Se that my se	ction 119.07(3) gnature shall h)(i), Florida (ave the sam	Statutes. ne legal	I further effect as	certify that	at the	oath: that
	I am an off	icer or dire	ctor of the corpora	hon or the receiver o jed, or on an atlachr	r trustee empoy	vered to exe	ecul	te this rep	port as ro	equired by Cha	pter 607, Flo	orida Sta	atules; a	nd that my	r name)