
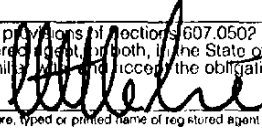


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000084005 (5) 1. Corporation Name CHICKEN KITCHEN CORPORATION			
Principal Place of Business 1801 LEE RD SUITE 301 WINTER PARK FL 32789		Mailing Address 5414 COLLINS AVE STE 305 MIAMI BEACH FL 33140 US	
2. Principal Place of Business 21 5415 COLLINS AVENUE Suite, Apt. #, etc. 22 SUITE 305 City & State 23 MIAMI BEACH, FL. Zip 24 33140 Country 25 U.S.A.		2a. Mailing Address 26 5750 NORTH BAY ROAD Suite, Apt. #, etc. 27 c/o C. BERDOUARE City & State 28 MIAMI BEACH, FL. Zip 29 33140 Country 30 U.S.A.	
9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES INC 201 S BISCAYNE BLVD MIAMI CENTER SUITE 3000 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name CHRISTIAN de BERDOUARE 82 Street Address (P.O. Box Number is Not Acceptable) 5750 NORTH BAY ROAD 83 84 City MIAMI BEACH FL 85 Zip Code 33140	
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, for 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  CHRISTIAN de BERDOUARE 6/28/97 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	VEITIA, ROBERTO E		
STREET ADDRESS	1801 LEE RD SUITE 301		
CITY-ST-ZIP	WINTER PARK FL 32789		
TITLE	CEOP	<input type="checkbox"/> DELETE	
NAME	MAHE DE BERDOUARE, CHRISTIAN	ALSO	
STREET ADDRESS	5415 COLLINS AVE STE 305		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	KRASNA, DAVID A	ALSO	
STREET ADDRESS	3503 LOAKUY AVE		
CITY-ST-ZIP	COCONUT GROVE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	WHITE, PETER V		
STREET ADDRESS	2059 SPRINGS VALLEY RD		
CITY-ST-ZIP	LANSDALE PA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
11/17/1994
3a. Date of Last Report
04/23/1996

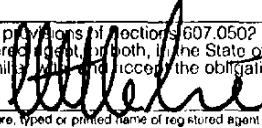
4. FEI Number
59-3283225
Applied For
☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

81 Name **CHRISTIAN de BERDOUARE**
82 Street Address (P.O. Box Number is Not Acceptable)
5750 NORTH BAY ROAD
83
84 City **MIAMI BEACH** FL 85 Zip Code **33140**

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, for 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  **CHRISTIAN de BERDOUARE** 6/28/97 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 a 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:  **CHRISTIAN de BERDOUARE** 6/28/97 (305) 867-4433
SIGNATURE REQUIRED

012E034 (4/97)