

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

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AND
FILED**

95 MAY -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/02/95--01027--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000090375 (4)
1. Corporation Name
22 RESTAURANT, INC.

Principal Place of Business Mailing Address
2200 NW 22ND AVE 2200 NW 22ND AVE
MIAMI FL 33142 MIAMI FL 33142

2. Principal Place of Business 2a. Mailing Address
21 1036 S.W. 1 ST. 26
Suite, Apt # etc. State Apt # etc.
22 27
City & State City & State
23 MIAMI FLA. 28
City State Zip
24 33130 25 US 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/14/1994

4. FEI Number Applied For
ID 65-0541055 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under § 199.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICE
1036 SW FIRST ST
MIAMI FL 33130

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 607.0603 and 607.0605 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registers 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 understand the provisions of Section 607.0603 Florida Statutes.

SIGNATURE: *[Signature]* AMADA C. LOPEZ, PRES. 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICER	DPS OBREGON, JAVIER E 718 SE 8TH ST HIALEAH FL 33010	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE, ZIP		9. CITY, STATE, ZIP	
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
OFFICER		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	
OFFICER		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(b) 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 in Block 14 if added.

SIGNATURE: *[Signature]* 10 4/27/95 305-515-8485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAVIER E OBREGON