

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000010219 (0)**

1. Corporation Name

MIAMI FRANCHISE DEVELOPMENT CORP.



Principal Place of Business: **ONE BISCAYNE TOWER, 3250 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131**
Mailing Address: **ONE BISCAYNE TOWER, 3250 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131**

3. Date Incorporated or Qualified 02/03/1995	3a. Date of Last Report
A. FEI Number 65-0570463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TANEN, JEFFREY S
ONE BISCAYNE TOWER, 3250
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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: _____
Signature type of the principal officer or registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	1. 1 TITLE	11. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TANEN, JEFFREY S	2. 2 NAME	12. NAME	
STREET ADDRESS: 2 S BISCAYNE BLVD, 3250, 1 BISCAYNE TOWER	13. STREET ADDRESS	13. STREET ADDRESS	
CITY-ST-ZIP: MIAMI-FL 33131	14. CITY-ST-ZIP	14. CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	2. 1 TITLE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2. 2 NAME	2. 2 NAME	
STREET ADDRESS:	2. 3 STREET ADDRESS	2. 3 STREET ADDRESS	
CITY-ST-ZIP:	2. 4 CITY-ST-ZIP	2. 4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	3. 1 TITLE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3. 2 NAME	3. 2 NAME	
STREET ADDRESS:	3. 3 STREET ADDRESS	3. 3 STREET ADDRESS	
CITY-ST-ZIP:	3. 4 CITY-ST-ZIP	3. 4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	4. 1 TITLE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4. 2 NAME	4. 2 NAME	
STREET ADDRESS:	4. 3 STREET ADDRESS	4. 3 STREET ADDRESS	
CITY-ST-ZIP:	4. 4 CITY-ST-ZIP	4. 4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	5. 1 TITLE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5. 2 NAME	5. 2 NAME	
STREET ADDRESS:	5. 3 STREET ADDRESS	5. 3 STREET ADDRESS	
CITY-ST-ZIP:	5. 4 CITY-ST-ZIP	5. 4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	6. 1 TITLE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6. 2 NAME	6. 2 NAME	
STREET ADDRESS:	6. 3 STREET ADDRESS	6. 3 STREET ADDRESS	
CITY-ST-ZIP:	6. 4 CITY-ST-ZIP	6. 4 CITY-ST-ZIP	

Antonio Junior
Antonio Junior
150 SE 25th Rd
Miami, FL 33129

500001740695
03/13/96-01017-011
*****200.00**

3/12

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: *Antonio Junior* **Antonio Junior** 2/14/96 305 856-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)