

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 # P95000011425 (2)

1. Corporation Name

BRAZILIAN TROPICANA RESTAURANT, INC.



Principal Place of Business

418 NO. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

418 NO. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

2. Principal Place of Business

21 410 N. Federal Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 410 N Federal Hwy
Suite, Apt. #, etc.

22 City & State

23 Pompano Beach FL

27 City & State

28 Pompano Beach FL

24 Zip

25 33062

Country

25 Broward

29 Zip

30 33062

Country

30 Broward

9. Name and Address of Current Registered Agent

PESTANA, MARIA C
418 NO. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

65-0603689

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

410 N. Federal Hwy.

83

84 Pompano Beach

FL

85 Zip Code

33062

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 607.0506, Florida Statutes.

SIGNATURE Maria C. Pestana - President - Maria C. Pestana

4-30-96

Signature typed or printed name of registered agent and director

Signature typed or printed name of registered agent and director

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME PESTANA, MARIA C
STREET ADDRESS 418 NO. FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VSD ☒ DELETE

NAME DE SOUZA, LIGIA
STREET ADDRESS 418 NO. FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 410 N Federal Hwy.
1.4 CITY-ST-ZIP Pompano Beach, FL 33062

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME Jose R. Pestana
2.3 STREET ADDRESS 410 N. Federal Hwy.
2.4 CITY-ST-ZIP Pompano Beach FL 33062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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:

Maria C. Pestana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

954-781-1113

Daytime Phone #

CR2E034 (12/95)