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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013908 (5)**

1. Corporation Name

KENDALL MALL PIZZA SYSTEMS, INC.

Principal Place of Business	Mailing Address
555 NE 15TH STREET STE. 33-D MIAMI FL 33132	555 NE 15TH STREET STE. 33-D MIAMI FL 33132

3. Date Incorporated or Qualified: 02/16/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4770 Biscayne Blvd.	26 4770 Biscayne Blvd.
Suite, Apt. #, etc 22 Suite 1400	Suite, Apt. #, etc 27 Suite 1400
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33137 Country 25 USA	Zip 29 33137 Country 30 USA

4. FEI Number: Applied For ☐ 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

9. Name and Address of Current Registered Agent

MITCHEL, STEVEN J ESQ.
2700 MUSEUM TOWER 150 W. FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: MERRILL I. LAMB
82 Street Address (P.O. Box Number is Not Acceptable): 4770 BISCAYNE BLVD # 1400
83
84 City: MIAMI **FL** 85 Zip Code: 33137

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: Merrill I. Lamb — 4/17/96
Signature, typed or printed name of the registered agent, and title if applicable. (CR2E Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMB, MERRILL 555 NE 15TH STREET STE. 33-D MIAMI FL 33132	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cozzoli, Michael	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Cozzoli, Michael 4770 Biscayne Blvd, Suite 1400 Miami, Fla. 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	400001862754 -06/15/96--01001--015 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	PM 5/11/96	☐ Change ☐ Addition

CR2E034 (12/95)

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: Merrill I. Lamb — 4/17/96 — 605 576-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #