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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000022159 (4) DOCUMENT #
1. Corporation Name

SIGNATURE:

TERIYAKI TEMPLE OF DADELAND, INC.

Principal Place of Business Mailing Address					ist matri antra flata tibal tibat atria fort iba
4925 NW 165TH STREET 4825 NW 165TH STREE MIAMI FL 33014 MIAMI FL 33014			ET		
				3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
1 1957	71 STREET		71 STREET	650 584580	Not Applicable
Suite, Apt. #	, etc.	Suite, Apl. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3 MIAM	I PERN, FLA.	City & State 28 MIAM BTAC	CH FLA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for i	
4 3314	, 1	29] 33141	30 USA.	Florida Statutes	
	9. Name and Address of Current			10. Name and Address of New R	egistered Agent
81					
	B, HOLS	71 STREEST	82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	im 100 in Since	11 BEACH	83		
MIAMI FL 33014 MINOR		32.11(1			
		37141	84 City		85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such change was authorized n 607.0505, Florida Statutes.	d by the corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	ointment as registered agent. I am
	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature required 13.	d when restating) ADDITIONS/CHANGES TO OFF	DATE
12.	D OFFICERS AND	[] DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	Change [] Addition
NAME	VEHING HOLS		1.2 NAME		band by band
STREET ADDRESS	**** **** ****** *******	1957 7157	1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33014	MINNI BENCH FLA 33141 DELETE	1.4 CITY - ST - 2IP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			24 CHY-ST-ZIP		
TITLE		☐ DECETE	3 1 THE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY - ST - ZIP TITLE			3 4 CITY - ST - ZIP 4 1 TETLE		Change Addition
NAME		pecete	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-ZIP			4.4 CITY-S1-2IP		
TITLE		[] DELETE	5. 1 Trile		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	N. P.		5.4 CITY - S1 - ZIP		
TITLÉ		☐ DELETE	6 1 THLF		Change Addition
NAME			6.2 NAMÊ		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	,,	ETIONS FILLS OF THE LOCAL PROPERTY OF THE PROP
certify that oath: that	the information indicated on this annu-	et report or supplemental annu- ation or the receiver or trustee	at report is true and accura empowered to execute thi	or the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as if made under

Daytimic Phone #