FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT-CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026668 (0)

-SOHO RESTAURANT-ENTERPRISES, ING,-

CEVICHE RESTAURANT, INC.

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97 APR	(2% 10 %
CECRE	TARY OF STATE JASSEE, FLORIDA
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Principal Place of Business 2109 BAYSHORE BLVD. SUITE 107 TAMPA FL 33609		Mailing Address Carlton, Fields, Wart One Harbour Place, (Tampa Fl 33602		E 1801/00/ (14 1918) BISH BONI BOIN DENS BEING SUND BINE BSIUD DINES ISSUE	
				3. Date Incorporated or Qualified 04/04/1995	3a. Date of Last Report 08/23/1996
21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3322226	Applied Fo
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
City & Stal	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip 24	Country 25	Zip 29	Country 30	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032 Yes 🔼 No
24]	9. Name and Address of Curre		1301	10. Name and Address of New Re	
-743 9	K-BUDDY J- PE-HILLSBOROUGH AVENUE- PA FL 33610		82 Street A One 83	s. Paul C. ddress (P.O. Box Number is Not Acceptab Harbour Place e 500	ie)
11. Pursuant office or agent. La SIGNATURE		- Ven	tutes, the above named of sauthorized by the corporation of the corpor	corporation submits this statement for the poration's board of directors. I hereby accept	92602
12.	Signature, typings, constructed of my sweed ac	ent and little if applicable. (N ND DIRECTORS	OTE: Registered Agent signature in 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TifuE	PDS	DELETE	1,1 TITLE	7,00110101010101010101010101010101010101	X Change Add
NAME	DAVIS, GORDON		1.2 NAME		
STREET ADDRESS	1502 S. HOWARD AVENUE		1.3 STREET ADDRESS	1401 DeSoto Avenue	
CITY - ST - ZIP	TAMPA FL 33606			Tampa, Florida 33606	
TITLE		☐ DELETE	2.1 TITLE		Change Add
NAM:			2.2 NAMÉ		
STREET ADDRESS			2.3 STREET ADDRESS		
City - ST- ZIP		- Driese	2 4 CITY+ST-ZIP		[] Observe [] Add
TITLE		LJ DELETE	31 TITLE	7000023	Sid 5: 97
NAM f			32 NAME	-04/22/	<u> 97</u> 01052 <u>-</u> 030_
STREET ADDRESS	ļ		3.3 STREET ADORESS 3.4 CITY-ST-ZIP	****1	3.75 ****1/3.6
CITY-ST-74P TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Add
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Add
NAME:			5.2 NAME	In	Lia
STREET ADDRESS			5.3 STREET ADDRESS	••	WB
CITY-S!-ZIP			5.4 CITY-ST+ZIP		-
TITLE		DELETE	6.1 TITLE		Change Ado
NAME			6.2 NAME		
S1REET ADDRESS			6 3 STREET ADDRESS		
CITY-51-710			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

Davime Phone #

0523369