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

PROFIT CORPORATION ANNUAL REPORT

1998

ON ORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042554 (2)

FILED Mar 03 1998 8:00am Secretary of State

BLON	IDIE'S DINER, INC.	000 1200 1 (- ,	I ARRIGAN (AR HARR THIS ARRIVATAR)	8 (2 88) 6 1504 8514 8181 2481	
•						
Principal Place of Business Mailing Address					8 11881 81101 81111 318 1 1881	
12325 SW 100 AVE 12325 SW 100 AVE MIAMI FL 33176 MIAMI FL 33176						
				DO NOT WRITE IN THIS S	BPACE	
				3. Date Incorporated or Qualified 06/01/1995		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26]		65-0592353	Not Applicable	
Suite, Ap	· ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr		
24	9. Name and Address of Curr	[29]	30		Yes No	
		ent Hegistered Agent	81 Name	10. Name and Address of New Registered A	igent	
1	I & W AGENTS, INC.		81 Name			
9100 \$ DADELAND BLVD PH-1			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
M	IIAMI FL 33156		83		_	
			63			
			84 City		85 Zip Code	
44 Description to the section of Continue COT OFFICE ACCURATION TO THE COT						
office or	registered agent, or both, in the Sta	suz and 607, 1508, Florida Si ite of Florida. Such change w	atutes, the above-hamed corp as authorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	Changing its registered introduced	
agent. I	am familiar with, and accept the obl	igations of, Section 607.0505	, Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	mont and title if equipment	(NOTE: Registered Agent signature requir			
12.		ND DIRECTORS	13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	TIBETTO TO OT FILE TO OT FILE FILE FILE	Change Addition	
NAME	CHAVES, TERRY		1.2 NAME			
STREET ADDRESS	4444 Aug 444 Aug 44 Aug		1.3 STREET ADDRESS		13	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	CARTER, PAULA		2.2 NAME			
STREET ADDRESS	9895 SW 96 STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-ST-ZIP	**************************************		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME	i		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change Addition	
NAME	ľ	DELETE	O.1 Tiller			
STREET ADDRESS		DELETE	5.2 NAME	•		
		DELETE		·		
CITY-ST-ZIP		☐ DELETE	5.2 NAME	·		
CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		Change Addition	
			5.2 NAME 5.3 STREET ADDRESS : 5.4 CITY - ST - ZIP			
TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE:

my Charles

2-11-98

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