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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000046571 (2)

1. Corporation Name

TUTTI CHICKEN CORPORATION



Principal Place of Business

1017 NE 100 STREET
#8
NORTH MIAMI BEACH FL 33162
US

Mailing Address

975 NE 143 STREET
#6
NORTH MIAMI BEACH FL 33161-2331
US

2. Principal Place of Business

21 1917 NE 168 ST
Suite, Apt. #, etc.

22 City, State
N. Miami Beach

23 Zip 33162 Country

24

2a. Mailing Address

26 975 NE 143 ST
Suite, Apt. #, etc.

27 City, State
North Miami

28 Zip 33161 Country

29 30

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report
06/24/1996

4. FEI Number

65-0660644

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

MARINEZ, RUBERQUIN
975 NE 143 STREET
NORTH MIAMI BEACH FL 33161

10. Name and Address of New Registered Agent

81 Name MARINEZ RUBERQUIN
82 975 NE 143 STREET
83
84 City North Miami FL 85 33161

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 *Ruberquin*

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARINEZ RUBERQUIN
STREET ADDRESS 2040 N.E. 189TH ST., #8
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 13 if changed, or on an attachment with an address.

SIGNATURE *Ruberquin*

CR2E034 (9/96)