FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000062512 (5)**

1. Corporation Name

FOUNTAINEBLEAU GOURMET KITCHEN, INC.

Principal Place of Business
~~10684 NW FONTAINEBLEAU BLVD.~~
~~MIAMI FL 33172~~

Mailing Address
~~10684 NW FONTAINEBLEAU BLVD.~~
~~MIAMI FL 33172~~

3. Date Incorporated or Qualified: 08/11/1995
3a. Date of Last Report

2. Principal Place of Business
21 18530 NW 67 ave
Suite, Apt. #, etc.
22
City & State
23 Miami, Fla
Zip
24 33015
Country
25 U.S.A

2a. Mailing Address
26 18530 NW 67 ave
Suite, Apt. #, etc.
27
City & State
28 Miami, Fla
Zip
29 33015
Country
30 U.S.A

4. FEI Number: 65-0600553 — 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 [X] No

9. Name and Address of Current Registered Agent

GIL, RICARDO
10684 NW FONTAINEBLEAU BLVD.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	PD	[ ] DELETE
NAME	ROSA, JUAN	
STREET ADDRESS	12415 NW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	STD	[ ] DELETE
NAME	GIL, RICARDO	
STREET ADDRESS	10155 NW 9TH STREET CIRCLE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	VP & D	[ ] Change [X] Addition
3 NAME	Maria C. Rosa	
3 STREET ADDRESS	12415 N.W. 7 St	
3 CITY-ST-ZIP	Miami, Fla 33182	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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 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, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96 — (305) 819-6630

CR2E034 (12/95)