SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000066242 (5)**

1. Corporation Name

AMBER RESTAURANT, INC.

Principal Place of Business
C/O HAFT & ASSOCIATES. P.A.
1001 S BAYSHORE DR SUITE 2702
MIAMI FL 33131-4900

Mailing Address
C/O HAFT & ASSOCIATES. P.A.
1001 S BAYSHORE DR SUITE 2702
MIAMI FL 33131-4900

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21 16145 N. Biscayne Blvd.
22 Suite, Apt. #, etc.
23 City & State: Miami FL
24 Zip: 33160
25 Country: USA

2a. Mailing Address
26 C/o Haft & Associates, PA
27 Suite, Apt. #, etc.: 1101 Brickell Ave, Suite 800 So. Tower
28 City & State: Miami FL
29 Zip: 33131
30 Country: USA

4. FEI Number: 65-0623295 — 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
HAFT, BARRY J
C/O HAFT & ASSOCIATES, P.A.
1001 S BAYSHORE DR SUITE 2702
MIAMI FL 33131-4900

10. Name and Address of New Registered Agent
81 Name: HAFT, Barry J.
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue
83 Suite 800 - South Tower
84 City: Miami FL
85 Zip Code: 33131

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: Barry Haft — 6-19-96
Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAFT, BARRY J	
STREET ADDRESS	1001 S BAYSHORE DR SUITE 2702	
CITY-ST-ZIP	MIAMI FL 33131-4900	
TITLE	D	☐ DELETE
NAME	GALVEZ, ADOLFO	
STREET ADDRESS	17841 SW 4TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☒ DELETE
NAME	VITARELLI, ALBERT	
STREET ADDRESS	829 NE 199 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
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

1.1 TITLE	D, S	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, P	☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Vitarelli, Elizabeth	
3.3 STREET ADDRESS	829 NE 199 St.	
3.4 CITY-ST-ZIP	North Miami Beach FL 33179	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Haft, Director + Secretary — 6-19-96 — 305 381 9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)