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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAFT, BARRY J 1001 S BAYSHORE DR SUITE 2702 MIAMI FL 33131-4900	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D, S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALVEZ, ADOLFO 17841 SW 4TH CT PEMBROKE PINES FL 33029	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D, P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VITARELLI, ALBERT 829 NE 199 ST NORTH MIAMI BEACH FL 33179	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Vitarelli, Elizabeth 829 NE 199 St. North Miami Beach FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 3053819303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #