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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
16145 N BISCAYNE BLVD 1001 S BAYSHORE DR SUITE 2702 MIAMI FL 33160 US	C/O HAFT & ASSOCIATES,PA 1101 BRICKELL AVE SUITE 800 MIAMI FL 33131-3119 US

2. Principal Place of Business 21 16145 Biscayne Blvd.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Miami, FL	City & State 28
Zip / Country 24 33161 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 07/16/1996
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	10. Name and Address of New Registered Agent
HAFT, BARRY S. 1101 BRICKELL AVENUE SUITE 800 SOUTH TOWER MIAMI FL 33131	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. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HAFT, BARRY J		1.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR SUITE 2702		1.3 STREET ADDRESS	1101 BRICKELL AVE, SUITE 800-S
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GALVEZ, ADOLFO		2.2 NAME	
STREET ADDRESS	17841 SW 4TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VITARELLI, ELIZABETH		3.2 NAME	
STREET ADDRESS	829 NE 199 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME			4.2 NAME	J. LAURENT TASIC
STREET ADDRESS			4.3 STREET ADDRESS	3100 NE 48 STREET
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Barry Haft Secretary Barry J Haft Secretary 4/28/97 305-381-