

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000080152 (8)**

1. Corporation Name

BEAUTY AND THE BEASTS RESTAURANT, INC.



Principal Place of Business 2875 N.E. 191ST STREET SUITE 400 AVENTURA FL 33180	Mailing Address 2875 N.E. 191ST STREET SUITE 400 AVENTURA FL 33180
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report
4. FEI Number 65-0614061	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 BERNSTEIN, KENNETH ESO. 2875 N.E. 191ST STREET SUITE 400 AVENTURA FL 33180	
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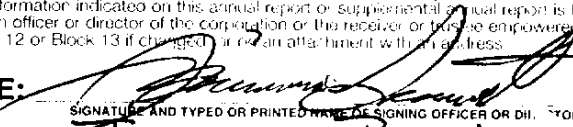
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____
Signature typed on printed name of officer, director, or registered agent. (Typed name must be typed in block letters.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	SOFFER, MARJORIE	12. NAME	SOFFER
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 400	13. STREET ADDRESS	
CITY- ST- ZIP	AVENTURA FL 33180	14. CITY- ST- ZIP	
TITLE	D ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	ORTWEIN, BARBARA V	22. NAME	
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 400	23. STREET ADDRESS	
CITY- ST- ZIP	AVENTURA FL 33180	24. CITY- ST- ZIP	
TITLE	D ☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME	BARATTA, JASON	32. NAME	
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 400	33. STREET ADDRESS	
CITY- ST- ZIP	AVENTURA FL 33180	34. CITY- ST- ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied within 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:  **Jason Baratta**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR. FOR
4/20/96 (305) 937-6200
DATE OF FILING

CR2E034 (12/95)