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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000088742 (8)

MONTY'S DOWNSTAIRS, INC.

Principal Place of Business Mailing Address **SUITE 1100 SUITE 1100** 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133 MIAMI FL 33133 3a. Date of Last Report 3. Date Incorporated or Qualified 11/20/1995 2a. Mailing Address 26K/o Rat Brown; 5901 Sww. 74 Street FEI Number Applied For 2. Principal Place of Business Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Z_{10} 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 O'NAGHTEN, JUAN T Street Address (P.O. Box Number is Not Acceptable) 82 2665 SOUTH BAYSHORE DRIVE 83 **SUITE 1100** MIAMI FL Zip Code 84 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when redistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE: 1 1 11 LF TITLE KNEAPLER, STEPHEN J 1.2 NAME NAME 13 STREET ADDRESS 2550 South Bayshore Drive 2675 SOUTH BAYSHORE DRIVE #1100 STREET ADDRESS MIAM! FL 33131 1.4 CITY ST ZIP CITY-ST-ZIP DELETE 2. 1 TITLE TITLE 2550 South Bayshore Drive Miani, FL 33133 DIAZ, MANUEL A 2.2 NAME NAME 2675 SOUTH BAYSHORE DRIVE #1100 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 2.4 C-TY - ST. ZIP CHY-ST-ZIP DELETE THE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY-ST-ZIP Change ☐ Addition DELE1E 4 1 TOLE T:TLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY - \$1 - 7IP ☐ Change Addition DELETE 5 1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CHY+ST-ZIP CITY - ST - ZIP Addition DELETE 6 1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CHY-SU-7IP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in happed, or on an attraction of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DIRECTOR

SIGNATURE:

3/13/96 (305)285-0800

CR2E034 (12/95)