

5-18-97 B-3189 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036976 (4)

1. Corporation Name
YARY RESTAURANTS, INC.

Principal Place of Business
12555 BISCAYNE BLD STE 924
NORTH MIAMI FL 33181

Mailing Address
12555 BISCAYNE BLD STE 924
NORTH MIAMI FL 33181



3. Date Incorporated or Qualified
04/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21
State, Apt. #, etc.

22
City & State

23
Zip

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Country

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City & State

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Zip

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Country

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City & State

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Zip

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Country

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City & State

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Zip

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Country

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City & State

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Zip

4. FEI Number

65-0677791

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

86. City

87. State

88. Zip Code

89. City

90. State

91. Zip Code

92. City

93. State

94. Zip Code

95. City

96. State

97. Zip Code

98. City

99. State

100. Zip Code

101. City

102. State

103. Zip Code

104. City

105. State

106. Zip Code

107. City

108. State

109. Zip Code

110. City

111. State

112. Zip Code

113. City

114. State

115. Zip Code

116. 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 a resident of the State of Florida and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Aleida Amaya*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMAYA, ALEIDA	
STREET ADDRESS	4807 NW 183 ST	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMAYA, EMILIO JR	
STREET ADDRESS	4807 NW 183 ST	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AMAYA, YARILE	
STREET ADDRESS	4807 NW 183 ST	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

4. 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: *Aleida Amaya*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97
Date

Daytime Phone #
0520487

CR2E034 (9/96)