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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041698 (7)

1. Corporation Name:
QUANTUM RESTAURANT GROUP USA, INC.

Principal Place of Business
P.O. BOX 5082
FT. LAUDERDALE FL 33310-5082

Mailing Address
P.O. BOX 5082
FT. LAUDERDALE FL 33310-5082



3. Date Incorporated or Qualified 05/15/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
MREJEN, ARIE
8380 W. OAKLAND PARK BLVD.
SUITE 307
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name ARIE MREJEN, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
701 W. CYPRESS CREEK RD.
83 SUITE 302
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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: *[Signature]* ARIE MREJEN, ESQ., Pres. FEB-12-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	EVERETT, DAVID J	
CITY-ST-ZIP	% P.O. BOX 5082 N/A FT. LAUDERDALE FL 33310	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* DAVID J. EVERETT, Pres. Feb 13/97 403-341-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)