

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 PH 2: 55

DOCUMENT # P96000049576 (7)

1. Corporation Name

H AND I JAMAICAN AND AMERICAN RESTAURANT, INC.



Principal Place of Business
955 NORTHWEST 179TH STREET
NORTH MIAMI FL 33169

Mailing Address
955 NORTHWEST 179TH STREET
NORTH MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 849 Glenn Parkway Suite, Apt. #, etc.		2a. Mailing Address 26 955 N.W. 179 St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/11/1996		3a. Date of Last Report	
22 City & State 23 Hollywood Florida		27 City & State 28 Miami, Florida		4. FEI Number 16-05-292296-08-1		Applied For Not Applicable	
24 Zip 33021		25 Country Broward		29 Zip 33169		30 Country Dade	
9. Name and Address of Current Registered Agent BERNARD, INA 955 NORTHWEST 179TH STREET NORTH MIAMI FL 33169				10. Name and Address of New Registered Agent None			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 BERNARD, HEZEKIAH	1.1 TITLE	Change Addition
NAME	955 NORTHWEST 179TH STREET	1.2 NAME	
STREET ADDRESS	NORTH MIAMI FL 33169	1.3 STREET ADDRESS	300002252883-7
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-07/30/97-01095-006
TITLE	0 BERNARD, INA	2.1 TITLE	Change Addition
NAME	955 NORTHWEST 179TH STREET	2.2 NAME	****185.00
STREET ADDRESS	NORTH MIAMI FL 33169	2.3 STREET ADDRESS	****185.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)