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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074948 (6)

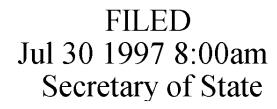
OAKWOOD PLAZA PIZZA SYSTEMS, INC.

Principal Place of Business

Mailing Address

100 SE 2ND STREET STE 2620

100 SE 2ND STREET STE 2620





MIAMI FL 3313	11	MIAMI FL 33131-2150	MIAMI FL 33131-2150			
					3. Date Incorporated or Qualified 09/10/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FFI Number	Applied For
21 26					65-0699184	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees	
Zip	Country Zip		Countr	y	8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29	30		Florida Statutes Yes 🗌 No	
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Res	listered Agent
	Man, Carlos D Esq.		81	Name		
100 SE 2ND STREET STE 2620 MIAMI FL 33131			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			L			
			83	3		
			84	City		85 Zip Code
			-],	1.2	FL '
Onice or r	to the provisions of Sections 607.1 registered agent, or both, in the St im familiar with, and accept the ob-	ale of Florida, Such change was	authorized b	w the coroor:	rporation submits this statement for the paration's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
SIGNATURE	District					
12.	Signature, typed or printed name of registered	AND DIRECTORS (NO	IL Hagistered Ag	jeni s-gnalure req	ADDITIONS CHANGES TO OFFICE	DATE
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	WEINKLE, BARNEY		1,2 NAME			change Action
STREET ADDRESS	100 SE 2ND STREET STE 2	62 0		1 ADDRESS	W	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-			į
TITLE			2.1 TITLE	31-ZIF		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2 4 0114-	1		
TITLE	<u> </u>	DELETE	3 1 TITLE	- O/- Ell		Change Addition
NAME			3 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-2IP			3.4. CITY-	ST-7IP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - I	ST-ZIP		
TITLE		DELFTE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CHY-ST-ZIP			5.4 CHY-1	ST - 7IP		
TITLE	 	☐ DELETE	61 THTLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	ST-71P		

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 eath; 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.