FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000077951 (7)

1. Corporation Name
RESTAURANT STRATEGIES, INC.

Principal Place of Business
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131

Mailing Address
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131-3132

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2451 Brickell Ave.
22 Suite 6T
23 Miami, FL
24 Zip 33129 25 Country USA

2a. Mailing Address
26 2451 Brickell Ave.
27 Suite 6T
28 Miami, FL
29 Zip 33129 30 Country USA

4. FEI Number: 65-0696242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
LEVINE, ALAN W ESQ
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131

10. **Name and Address of New Registered Agent**
81 Name: Liman, Craig
82 Street Address (P.O. Box Number is Not Acceptable): 2451 Brickell Avenue
83 Suite 6T
84 City: Miami FL 85 Zip Code: 33129

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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] Craig Liman 3/3/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	LIMAN, CRAIG	
STREET ADDRESS	1110 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS D	☒ Change ☐ Addition
1.2 NAME	Liman, Craig	
1.3 STREET ADDRESS	2451 Brickell Avenue Suite 6T	
1.4 CITY-ST-ZIP	Miami, FL 33129	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	Liman, Akiko	
2.3 STREET ADDRESS	2451 Brickell Avenue Suite 6T	
2.4 CITY-ST-ZIP	Miami, FL 33129	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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] Craig Liman 3/3/97 (305)857-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170979