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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000082525 (2)

FILED May 12 1998 8:00am Secretary of State

ATUMA RESTAURANT, INC. Principal Place of Business Mailing Address 10951 NW 27TH AVE. 10951 NW 27TH AVE. MIAMI FL 33167 MIAMI FL 33167 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2a. Mailing Address 2. Principal Place of Business **FEI Number** Applied For €2\$ 701 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AKPODIETE, ALEXANDER O -10000 SUNSET DR., STE. 307-∠2 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173 B3** 84 City Zip Code 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. CR2E034 (10/97 DELETE TITLE 1.1 TITLE Change Addition EYINFUNJOWO, KAYODE NAME 1.2 NAME 10811 GULFVIEW DR. STREET ADDRESS 1.3 STREET ADDRESS N. PEMBROKE PINES FL 33026 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Addition ☐ Change 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME MALIF STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST- ZIP CITY-ST-ZIP

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 of 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, of in an attachment with an address.

SIGNATURE: 1

681-6812