FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099311 (8)

RESTAURANT ENTITIES, INC.

Principal Place of Business

Mailing Address

FILED Apr 10 1998 8:00am Secretary of State



ONE S.E. THIRD AVENUE. SUITE 2130 MIAMI FL 33131		ONE S.E. YHIRD AVENUE, SUITE 2130 MIAMI FL 33131		DO NOT WRITE IN THI	S SPACE			
					3. Date Incorporated or Qualified			
					12/05/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21 2060	Biscayne Blvd.	26 2060 Biscay			65-0713858		ot Applicable	
5-6	d Floor	Suite, Apt. #, etc. 27 Second: Floor			5. Certificate of Status Desired	Sesired \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
Zip Zip	, Florida 28 Miami, Florida Country Zip Cou							
	-5024 25 USA	<u> </u>	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No			
2- 22121	9. Name and Address of Current	[29] 33137-502436 Registered Agent	o ps	ıA	10. Name and Address of New Registers			
LAPIDUS, STEVEN B								
1221 BRICKELL AVENUE, SUITE 2100				82 Street Address (P.O. Box Number is Not Acceptable)				
MAMI FL 33131				82 Street Address (P.O. Box Number is Not Acceptable)				
micani (C 00101								
			84	City		les Zin	Code	
			**	City	F	L 85 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 registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
				ent signature	prequired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		DC IN 12	
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	BRAMAN, NORMAN		1.2 NAME		Norman Braman	The arrange		
STREET ADDRESS ONE S.E. THIRD AVENUE, SUITE 2130					2060 Biscayne Bouleva	hac ha	Floor	
CITY-ST-ZIP	MIAMI FL 33131	12 2100	1.4 CITY-	- 1	Miami, Florida 33137-		FIGOL	
TITLE	THE WILL COLOT	DELETE	2.1 TITLE	21 · Zir	MIGHT, FIOLIDA 33137-	Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS	1		2.3 STREE	ADDRESS			j	
CITY-ST-ZIP	1		2.4 CITY -				i	
TITLE			3.1 TITLE			Change	☐ Addition	
NAME	32		3.2 NAME				i	
STREET ADDRESS			3.3 STREET	ADDRESS			j	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	☐ DELETE		4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				l	
STREET ADDRESS			4.3 STREE	ADDRESS		1	<i>!</i>	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				}	
STREET ADDRESS		'	5.3 STREE	ADDRESS			Ì	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		L.J DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME	}				
STREET ADDRESS			6.3 STREET	ì				
CITY-ST-ZIP		and the filter of the second second second	6.4 CITY-S					
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 supply mental annual report is true and cacurate 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 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 a language or in an appear with an address.								

4/2/98