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

CORPORATION ANNUAL REPORT

1997

f do hereby certify the information indicated

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000100420 (4)**

CAFE IGUANA OF ORLANDO, INC.

Principal Place of Business Mailing Address 3801 HOLLYWOOD BLVD. #101 3801 HOLLYWOOD BLVD. #101 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6729 3. Date incorporated or Qualified 3a. Date of Last Report 12/12/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 25-072865 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KUSNICK, HOWARD A 8211 W. BROWARD BLVD., STE. 420 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33324 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. ☐ Addition Hesident DELETE Спапое THE 1 1 TITLE vasú. Mark NAME 1.2 NAME 3801 HOLLYWOOD BLVD. #101 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY - ST - ZIP vice president __ DELETE Change Addition TITLE 2.1 TITLE non Miller and Soik 101 **hannan** 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS FC 33021 Mywood 2. 4 CITY - ST - ZIP CITY-S1-ZIF DELETE THE 3.1 TITLE Change Addition NAMi HUITWOOD Blud Suite 101 3.3 STREET ADDRESS STREET ADDRESS City-St-Zii 3 4. CITY - ST- ZIP 4 1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - \$1 - 7 if DELETE Change ___ Addition TABLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-709 5.4 CITY-ST-ZIP Change DELETE 61 TITLE Addition TITLE 6.2 NAME NAVE STREET ADDRESS 6.3 STREET ADDRESS City St-ZiP 6.4 CITY - ST - ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the imental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MARK E. VACU

FILED Apr 29 1997 8:00am Secretary of State



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