

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

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 970000 37104			
1. Corporation Name Prestige Dining Associates Inc.			
Principal Place of Business 8400 N University Dr 314 TAMARAC FL 33321		Mailing Address 8400 N University Drive Snt 314 TAMARAC FL 33321	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc. 314	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	24 Country	28 Zip	29 Country
9. Name and Address of Current Registered Agent Bolivar Portillo 8400 N University Dr. 314 TAMARAC FL 33321		10. Name and Address of New Registered Agent	
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.		81 Name	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable		83	
(NOTE: Registered Agent signature required when reinstating)		84 City	
DATE		85 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 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 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 to this report.		4000002620584 -08/20/98--01013--039 ***550.00	

CR2E034 (10/97)