

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 24 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 # P97000050611 (7)
 1. Corporation Name
 HEIWI RESTAURANT, INC.



Principal Place of Business: 18090 COLLINS AVE, NO MIAMI BCH FL 33160
 Mailing Address: 18090 COLLINS AVE, NO MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 06/09/1997
 4. FEI Number: 65-0764858
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [] No

9. Name and Address of Current Registered Agent
 WIEDEMANN, HENIZ
 18090 COLLINS AVE
 NO MIAMI BCH FL 33160

10. Name and Address of New Registered Agent (81-85)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WIEDEMANN, HEINZ | |
| STREET ADDRESS | 18090 COLLINS AVE | |
| CITY-ST-ZIP | NO MIAMI BCH FL 33160 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | VICE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WIEDEMANN, PATRICE | |
| 1.3 STREET ADDRESS | 18090 COLLINS AVE | |
| 1.4 CITY-ST-ZIP | NO MIAMI BEACH, FL, 33160 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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]* 07/13/98 (305) 933-3942

CR2E034 (5/98)

HEIWI RESTAURANT, INC.

18090 COLLINS AVE
NORTH MIAMI BEACH, FL 33160
TEL: (305) 933-3942

July 13, 1998

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

WPS 2

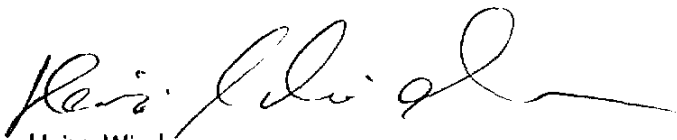
RE: P97000050611 Corp Annual Report
TIN #65-0764858

Dear Representative,

Included please find our annual report for 1998. Since I purchased this business, this will be the first time I need to file this report. When I showed this report to my accountant, she informed me that the annual filing fee is \$150.00 if this fee is paid by May 1, and increases to \$550.00 if paid late after May 1. I am very good about paying all of bills and taxes on time and I assure you I never received the first notice. This is the only notice from the State that we have received. Please check our history to verify that our Intangible Tax for this year was paid on time.

Since I now am aware of filing this report, I will be sure to look for it next year so that this does not occur again. In the mean time, I hope that you will accept my sincere explanation and consider accepting my check for \$150.00 to cover this year's filing fee. I thank you in advance for your understanding and cooperation in this matter.

Sincerely,


Heinz Wiedemann
President