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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$90649

(2)

CORAL RESTAURANT, INC.

Principal Place of Business Mailing Address							
2501 SOUTHWEST 87TH AVENUE MIAMI FL 33155		2501 SOUTHWEST 87TH AVENUE MIAMI FL 33165-2028					
					3. Date Incorporated or Qualified 10/23/1991	3a. Date of Las 05/21/1996	
2. Principal Place of Business	Mailing Address	ng Address		4. FEI Number		Applied For	
21	26	 			65-0303033		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	5 Additional Required
City & State		City & State		6. Election Campaign Financing		OO May Be	
23	28	4			Trust Furid Contribution		ed to F∈es
Ζιρ 24] 25	Country 29	- Z ір]	Coun	lry	8. This corporation has liability for Horida Statutes	intangible tax unde	r s. 199.032,
	Address of Current Regi		[30]	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Ro	<u> </u>	
CORPORATION SE		<u>*</u>	ε	1 Name	er an en		
1201 HAYS STREET TALLAHASSEE FL 32301-2525				82 Street Address (P.O. Box Number is Not Acceptable)			
					ress (1.0). Box Northber 1s Not Addapta		
			8	3			
			8	14 City		85 7	ip Code
44 5	767.7	607 4100 Ft. 1. O				<u> </u>	
office or registered agent	or both, in the State of Flor	rida. Such change was	-authorized	by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose or changing ipt the appointment	g its registered as registered
agent. I am familiar with, a	nd accept the obligations i	of, Section 607.0505, #	iorida Statu	les.			
SIGNATURE Signature: typed or prin	nted have of registered agent and til	r Iortapolicable, fNC	H: Reastered a	Adent Examature redu	ired when renstating)	DATE	
12.	OFFICERS AND DIRE	Contract of the Contract of th	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE D		☐ Driffie	1.1 TOL			. Chang	ge Addition
NAME MCDONALD,			1.2 NAM	E			
	H STREET #112			ET ADDRESS			
CITY-ST-ZIP PLANTATION	FL.			- S1- ZIP			
TITLE		LJ DELFTE	2.1 TITL	ŀ		L Chang	ge [_ Addition
NAME			2.2 NAM	į.			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	3.1 TIBU	7 - \$1 - ZIP		Chang	ge Addition
NAME		<u> </u>	3.2 NAM				ja <u>L</u> j rodinom
STREET ADORESS				ET ADORESS			
CITY-ST-ZIP				7- \$1-7IP			
TITLE		DECETE	4.1 TITL			☐ Chang	ge 🔲 Addition
NAME			4. 2 NAM	AF			
STREET ADDRESS			4.3 S1R	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	- S1-7IP			
TITLE		DECETE	5 1 101			Chang	ge Addition
NAME			S.2 NAM	E			
STREET ADDRESS			5.3 STRE	FT ADDRESS			
CITY-ST-ZIP				-S1-ZIP	APARTIC		
TITLE		DELETE	6.1 TITE			∐ Chang	ge L. Addition
NAME			6.2 NAM]			
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP			6.4 CITY	- ST-ZIP			

14. I do 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 arrival 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.

FILED

May 14 1997 8:00am

Secretary of State