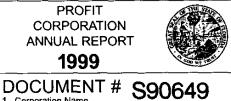
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

CORAL RESTAURANT, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90203 028 ***150.00

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Principal Place of Business Mailing Address			. 218(1 61511 41811 61411 1841		
2501 SOUTHWEST 87TH AVENUE 2501 SOUTHWEST 87TH AVENUE MIAMI FL 33155 MIAMI FL 33155					
INTERNAL TE OUTO			DO NOT WRITE IN THIS SE	PACE	
			Date Incorporated or Qualifed		
			10/23/1991	Ì	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0303033	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25		untry	This corporation owes the current year Intan Personal Property Tax.	gible Yes ∐No	
9. Name and Address of Current Registered Agent		Ţ———·	10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY		81 Name			
1201 HAYS STREET		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
TALLANASSEE FL 32301-2525		83			
		84 City	FL	85 Zip Code	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the section of the secti	i Florida. Such change was authorize	d by the corporation	oration submits this statement for the purpose of chois board of directors. I hereby accept the appointr	anging Its registered nent as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE 1.1 TITLE TITLE MCDONALD, GERALD T 1.2 NAME NAME 7951 SW 6TH STREET #112 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Peril 26 1999

954)475-8332