FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90699** **(7)**

1. Corporate Name

RAISA INTERNATIONAL INC.

Principal Place of Business

3135 W 68 PL
HIALEAH FL 33016

Mailing Address

3135 W 68 PL
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1991**

3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: **65-0292301** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEDESMA, RAQUEL E.
3135 W 68 PL
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0830 and 607.1808, 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

(If changing Registered Agent, Registered Agent must sign above. If changing Registered Agent's address, Registered Agent must sign above.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	LEDESMA, FREDY A.	12 NAME	
03 STREET ADDRESS	3135 W 68 PL	13 STREET ADDRESS	
04 CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	
05 TITLE	VD	21 TITLE	☐ Change ☐ Addition
06 NAME	LEDESMA, RAQUAL E.	22 NAME	
07 STREET ADDRESS	3135 W 68 PL	23 STREET ADDRESS	
08 CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Raquel Ledesma Vice-President. 4/26/95 825942B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Federal FEI Number

000043 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY ... AM 11:35

DOCUMENT # S90807 (6)

1. Corporate Name
GNL RESTAURANTS, INC.

Principal Place of Business	Mailing Address
36287 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	36287 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1991
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21, Suite, Apt # etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt # etc. 27, City & State 28, Zip 29, Country 30

4. FEI Number: 59-3090337 [ ] Applied For [ ] Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEMPIDAKIS, GEORGE 36287 U.S. HWY. 19 N. PALM HARBOR FL 34684	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, Typed or Printed Name of Registered Agent ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	LEMPIDAKIS, GEORGE	12 NAME	
STREET ADDRESS	36287 U.S. HIGHWAY 19 N.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: George Lempidakis George Lempidakis 4/26/95 813-784-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0366702 CP