

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **S98502 (5)**
1. Corporation Name
INTERNATIONAL FAST FOOD CORPORATION



Principal Place of Business: **1000 LINCOLN ROAD MIAMI BEACH FL 33139**
Mailing Address: **1000 LINCOLN ROAD MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **12/06/1991** 3a. Date of Last Report: **05/12/1995**
4. FEI Number: **65-0302338** 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

2. Principal Place of Business: 21-23
2a. Mailing Address: 26-30
21-23: Suite, Apt. #, etc.; City & State; Zip; Country
26-30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: **RUBINSON, MITCHELL 1000 LINCOLN ROAD MIAMI BEACH FL 33139**
10. Name and Address of New Registered Agent: 81-85
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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 and the applicant: _____
Date of Registered Agent signature received: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSON, MITCHELL	1.2 NAME	
STREET ADDRESS	1000 LINCOLN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	1.4 CITY - ST - ZIP	
TITLE	COB	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MITCHELL	2.2 NAME	RUBINSON, MITCHELL
STREET ADDRESS	1000 LINCOLN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, FRANCIS	3.2 NAME	
STREET ADDRESS	1000 LINCOLN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTONE, GEORGE	4.2 NAME	
STREET ADDRESS	1000 LINCOLN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	4.4 CITY - ST - ZIP	
TITLE	CFOT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTH, STEPHEN R	5.2 NAME	
STREET ADDRESS	1000 LINCOLN ROAD, SUITE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTH, STEPHEN R	6.2 NAME	
STREET ADDRESS	1000 LINCOLN ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation and that the information supplied in this 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 and that I am duly authorized, appointed, or justly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer or director of the corporation.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)