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.

99 AR 1 98

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

APPROVED AND FILED
1999 SEP 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000059

DOCUMENT # V36394 (7)

1. Corporation Name
FAU RESTAURANT CORP.

[redacted]

Principal Place of Business
834 OCEAN DRIVE
MIAMI BEACH FL 33139
US

Mailing Address
834 Ocean Drive
Miami Beach, FL. 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1992

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0363893
Applied For
Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25 Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BUTI, FRANCESCO
2127 BRICKELL AVE., #501
MIAMI FL 33133

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 607.0502 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTI, TOMMASO	1.2 NAME	600001298931-7
STREET ADDRESS	1410 W 25ST	1.3 STREET ADDRESS	-09/17/99--01069--002
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	****750.00 ****550.00
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	BUTI, FRANCESCO	2.2 NAME	
STREET ADDRESS	2127 BRIDEALL AVE	2.3 STREET ADDRESS	2127 Brickell Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	600001298931-5
STREET ADDRESS		3.3 STREET ADDRESS	-09/17/99--01067--002
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****750.00 ****550.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

☐ DELETE

CR2EO84 (5/98)

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 a 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 AND TITLE TO BE WITH NAME OF SIGNING OFFICER OR DIRECTOR

AD