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 # V39285

(4)

UNIQUE RESTAURANT OF KENDALL, INC.

FILED 97 HAY 12 PM 12: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Addres	Mailing Address			E COMPLETITUDE O STATO INISE FROM LEGIOL OLO OTOPA MIBIL BLOIS BLOIS DIDIL COMPL			
490 E. PALME	TTO PARK	490 E. PALMET	TO PARK						
STE KI10	E 20429	STE 110	EL 00400 EACE						
BOCA RATON FL 33432 US		US DOCK HATOR	BOCA RATON FL 33432-5065			3. Date Incorporated or Qualified	3a Date	of Last Re	eport
						05/28/1992	1	1/1996	
2. Principal F	lace of Business	2a. Mailing Add	dress			4. FEI Number			plied For
21		26				65-0357690			t Applicable
Suite, Apt	#, elc.	Suite, Apt.	#, etc.					\$8.75	
22		27				5. Certificate of Status Desired	ليا	Fee Re	I
City & Star	te	City & State	3			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Ζip	Country	Zip	Co	ountry		8. This corporation has liability fo	r injangible ta	ıx under s.	199.032,
24	25	29	30			Florida Statutes	✓ Yes 🔲	No	
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered A	jent	
MA	X, DENNIS			81	Name				
	E. PALMETTO PARK BLVD			82	Street Add	ress (P.O. Box Number is Not Accepta	hle)		
	E 110		92 311860			toologs (1.5. Dox Mailloon is Hot Mosephania)			
	CA RATON FL 33432			83					
				24	0:1			a= 1 7 /	N. d.
				84	City		FL	 85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flo	rida Statutes, the	above	-named corp	poration submits this statement for the		hanging it	s registered
office or	registered agent, or both, in the St	ate of Florida. Such cha	ange was authoriz 7.0605 Elorida St	ed by	the corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the appol	ntment as	registered
	art laminal with, and accept the or	inganoria or, occitori oo	7.0000, Florida Gi	aidio	11				
SIGNATURE	Signature, typed or proted name of registered	agent and title if applicable.	(NOTE Registe	red Age	nt signature requi	ired when reinstating)	DATE	··· ·· · · · · · · · · · · · · · · · ·	
12.		AND DIRECTORS	13	<u> </u>		ADDITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 12
TITLE	PSD			TITLE				Change	Addition
NAME	MAX, DENNIS		1.2	NAME	†				
STREET ADDRESS	490 E. PALMETTO PARK S	TE 110	1,3	STREET	ADDRESS				
CITY - S1 - ZIP	BOCA RATON FL		14	CITY-S	1-7IP				
TITLE	VPD			TITLE				Change	Addition
NAME	MAX, PATTI		1	NAME				- •	
STREET ADDRESS	490 E. PALMETTO PARK 1	10			ADDRESS	70000:	2174	227	»
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TITLE	TD			TITLE	21 4.17	700002 -05/) ****	ຊັ່ງຕັ້ງກາ	Sharaeu	ETAddition
NAME	BURTON, RAPOPORT			NAME		an est, alveste	~~~~~	∼ कल्लाक्त	ວ ວຍ ."03.
\	JAN E BALLETTA BANKA	TE 110	1		ADDRESS				}
STREET ADDRESS	BOCA RATON FL	TE TIV							
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NAME				NAME		•			
ļ					ADODECO				
STREET ADDRESS					ADORESS				
CITY-ST-7IP				CITY-S	1 - ZIP		· · · · · · ·	Change	Addition
TITLE		u		TITLE					- Madinan
NAMi Ozore Latropeco				NAME	*UDDECO				
STREET ADDRESS					ADDRESS	M	$\Omega \cup \mathcal{L}$	i .	
CITY-ST-70P		····		CITY-S	1-ZIP		 }\\ 	Change	Addition
TOTLE		Ц		TITLE		(7	$X M V^{NL}$	T ∩iiqiiĝ¢	LJ ADDITION
NAME	}			NAME			$\mathcal{K}U^{\mathcal{N}}$		
STREET ADDRESS					ADDRESS		\mathcal{W}_{ℓ}		}
CITY-ST-ZIP	turned by that the information are	oliod with this filios des		CITY-S		d in Section 119.07(3)(i) Florida Statu	los I fuebec	portification	the
34 1 do boo	SOV COMBY MAI IND MINIMARON SUDI	oned with this tilloo doe	s nor muality for th	IN OYE	council State	u m ascuult tistutialin tinnos alsiil	es inmar	TRUE VILLES.	IT IN

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Forda 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: .

HATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

5/9/97 561-392-0611