## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** V39655 (8)FARRAH INTERNATIONAL RESTAURANTS, INC. Principal Place of Business Mailing Address 440 S. SEMORAN BLVD. 440 S. SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1992 01/26/1995 2. Principal Place of Business Mailing Address 4. FEI Number 21 Applied For 26 59-3134148 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COURT, DEBORAH L CPA 82 Street Address (P.O. Box Number is Not Acceptable) 632 N. SEMORAN BLVD. ORLANDO FL 32807 83 City 84 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE DELETE OFFICER TRADURET CHange HOUSEIN OLANA 1. 1 TITLE NAME FATTAL, RABEE 1.2 NAME OLAMA. STREE! ADDRESS 5719 ARGOSY CT. 12714 Maribou Circle 1.3 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 CITY - ST- ZIP orlands, FI 36868 TITLE □ DELETE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CHTY - ST - 21P THE DELETE 3 1 TITLE NAME Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS CITY-S1-ZIP 34 CITY-ST-ZIP THILE DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS **8000001796838** -04/26/96--01093--021 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5. 1 TITLE \*\*\*200.00 ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k), Florida Statutes 1 further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under cathy, that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 6.4 CITY-ST-ZIP

Hossein OLAMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: