## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V58945

1. Composition Name
PARADISE DINING MANAGEMENT INC.

(9)

**FILED** May 09 1997 8:00 am Secretary of State

Principal Place of Business Mailing Address  5959 HOLLYWOOD BLVD HOLLYWOOD FL 33021  SUITE 220 HOLLYWOOD FL 33020-663						3. Date Incorporated or Qualified			
9 Principal	Place of Business	28. Mailing Addres				08/20/1992 4. FEI Number	U4/2		oplied For
21	Figure of Educations	26. Walning Address	13			65-0364303			ot Applicable
Suite, Apr	1. #, elc	Suite, Apt. #, e	tc.				r <del></del> 1		Additional
22		27				5. Certificate of Status Desired			equired
City & Sta	ale	City & State			·	6. Election Campaign Financing	·	\$5.00	May Be
23		28				Trust Fund Contribution			lo Fees
Z(p)	Country	Zip	h	puntry		8. This corporation has liability for			. 199.032,
24	25	29	30	<del></del>			Yes 🗆		
.,,	9. Name and Address of Curr	rent Registered Agent		4		10. Name and Address of New Re	gistered A	gent	
	CHARLIN, DAVID MICHAEL			81	Name				
	01 HOLLYWOOD BLVD			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
	HTE 220				<u></u>			····	
HO	)LLYWOOD FL 33020			63					
				84	City			85 Zip	Code
					-	corporation submits this statement for the poration's board of directors. I hereby accept	FL		
SIGNATURE 12.	Signate in typed or printed name of regulated APPD	AND DIRECTORS	13.	<del></del>	int signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12
NAME STREET ADDRESS	The state of the s	•		name Street	ADDRESS				
4.11 y - 51 - 718	MIAMI FL			CITY - S	T-ZIP				
11116	VTSD								14400
NAME		DELE		TITLE				Change	☐ Addition
	SCHARLIN, PEGGY ANN	☐ DELU	2.21	NAME			l	Change	Addition
STREET ADORESS	3 GROVE ISLE SR, #1808	[_] DELI	2.2 J 23 S	name Street	ADDRESS	l I	······	Change	Addition
STREET ADORESS	3 GROVE ISLE SR, #1808 COCONUT GROVE FL		221 231 24	NAME STREET	- 1			Change	
STREET ADORESS CHY-ST-ZIE THEE	S GROVE ISLE SR, #1808 COCONUT GROVE FL D	DELE	221 231 24 ETE 31	NAME STREET CITY-S TITLE	ST-ZIP	1		Change	
STREET ADDRESS CHY-ST-ZIF THEF NAME	3 GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM		22   23   2 4 ETE   31   32	NAME STREET CITY-S TITLE NAME	ST-ZIP	2501 Hollywood BLVD. #3		Change	
STREET ADDRESS CITY-ST-ZIE TITLE HAME STREET ADDRESS	S GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM 340 GOLFBROOK CR #10		221 233 24 ETE 31 321 333	NAME STREET CITY-S TITLE NAME STREET	ST-ZIP	2501 Hollywood BLVD, #3		Change	
STREET ADDRESS CITY - ST. ZIF TITLE NAME STHEET ADDRESS CITY - ST. ZIP	3 GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM	☐ DELF	221 233 2 4 ETE 31' 321 333 34	NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP	2501 Hollywood BLVD, #2 Hollywwd, FL 3302D	<b>1</b>	Change	Addition
STREET ADDRESS CITY ST. ZIE TITLE HAME STREET ADDRESS GITY - ST. ZIP TITLE	S GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM 340 GOLFBROOK CR #10		221 233 2 4 ETE 31 321 333 34 ETE 4.1	NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP	2501 Hollywood BLVD, #2 Hollywad, FL 33020	<b>1</b>	Change Change	Addition
STREET ADDRESS CITY ST. ZIF THEE NAME STREET ADDRESS CITY ST. ZIP THEE NAME	3 GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM 340 GOLFBROOK CR #10 LONGWOOD FL 32779	☐ DELF	221 231 24 ETE 31 321 333 34 ETE 41 4.2	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ST-ZIP  ADDRESS ST-ZIP	2501 Hollywood BLVD, #2 Hollywwo, FL 3302D	<b>1</b>	Change	Addition
STREET ADDRESS CITY ST. ZIF THEE NAME STREET ADDRESS CITY ST. ZIP THEE NAME STREET ADDRESS	3 GROVE ISLE SR, #1808 COCONUT GROVE FL D MEEROVITCH, RAM 340 GOLFBROOK CR #10 LONGWOOD FL 32779	☐ DELF	2.21 2.31 2.4 ETE 31' 3.21 3.33 3.4 ETE 4.1 4.2 4.3	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS	2501 Hollywood BLVD, Ha Hollywwd, FL 3302D	<b>1</b>	Change	Addition  Addition
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I do 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 Lam 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 alterhanem with an address.

SIGNATURE: