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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name PARADISE DINING ROOMS, INC. Principal Place of Business Mailing Address 5959 HOLLYWOOD BLVD 2501 HOLLYWOOD BLVD HOLLYWOOD FL 33021 SUITE 220 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0364738 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHARLIN, DAVID MICHAEL **B1** 2501 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 220** HOLLYOOD FL 33020 83 84 City Zip Code 85 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition SCHARLIN, DAVID MICHAEL NAME 1.2 NAME 3635 BATTERS SEA STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP VISD TITLE DELETE 2.1 TITLE Change Addition **SCHARLIN, PEGGY ANN** NAME 22 NAME 3 GROVE ISLE DR. #1808 STREET ADDRESS 2.3 STREET ADDRESS **COCONUT GROVE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition MEEROVITCH, RAM NAME 3.2 NAME 2501 HOLLYWOOD BLVD., #220 STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 T∤TLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 600002456286an TITLE 5.1 TITLE NAME 5.2 NAME -03/13/98--01014--024

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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 attackment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Addition

***300.00