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

PROFIT CORPORATION ANNUAL REPORT

1997

のでは、これのでは、



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68855

(8)

A & W ENTERPRISES OF MIAMI, INC.

FILED

Apr 23 1997 8:00am

Secretary of State

Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. City & State Country Zs Zs Country Store Country Store Country Store Country Store Store	
2. Principal Piaco of Business 2a. Moling Address 2. FEL Number 2a 55-0365529	
Sulle, Apt. 4, etc. City & State City & State City & State City & State Sulle, Apt. 4, etc. City & State City & State City & State Sulle, Apt. 4, etc. City & State City & State City & State Sulle, Apt. 4, etc. City & State City & State City & State Sulle, Apt. 4, etc. City & State City & State Sulle, Apt. 4, etc. City & State City & State Sulle, Apt. 4, etc. City & State City & State City & State Sulle, Apt. 4, etc. Sulle, Ap	od 3a. Date of Last Report 05/01/1996
Sulfie, Apt. #, etc. 2 2 2 2 2 2 2 2 2	Applied For
City & State Country City & State Country City & State City & State Country City & City & State Country C	58.75 Additional
City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zp Country Zp Country B. This corporation has liability Florida Statutes City Florida Statutes City City	Fee Required
Trust Fund Contribution Zip Country S. Tries Fund Contribution S. Tries Fund Contribution S. Tries Corporation has liability Florida Statutes S. Tries Committee Zip Z	\$5.00 May Be
Country Zup Country Zup Country Zup Country Response Respon	Added to Fees
BRACKENRIDGE, WILLIAM 14608 N.W. 7TH AVE. MIAMI FL 33188 81 Name 82 Street Address (P.O. Box Number is Not Accept MIAMI FL 33188 83 Edit City 14. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes the above-symmet corporation submits this statement for the office of registered agent, or both, in the State of Horida Sections 607 0505, Florida Statutes 83 Edit City 14. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes the above-symmet corporation submits this statement for the office of registered agent, or both, in the State of Horida Section 607 0505, Florida Statutes 83 Edit City 15. Provisions of Sections 607 0505, Florida Statutes 84 City 15. Provisions of Sections 607 0505, Florida Statutes 85 Section 607 0505, Florida Statutes 86 City 16. Provisions of Sections 607 0505, Florida Statutes 86 City 87 City 88 City 89 C	for intangible tax under s. 199.032,
BRACKENRIDGE, WILLIAM 14608 N.W. 7TH AVE. MIAMI FL 33188 140 Sirect Address (P.O. Box Number is Not Accept the MIAMI FL 33188 150 Sirect Address (P.O. Box Number is Not Accept the MIAMI FL 33188 161 City 17. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for it office of registered agent, or both, in the State of Florida Section 607 0505, Florida Statutes 163 Signature 164 City 17. Pursuant to the provisions of Sections 607 0508. Florida Statutes 165 Signature registered agent of directors 1 heroby ac agent. I am familiar with, and accept the orligations of, Section 607 0505, Florida Statutes 165 Signature register agent and accept the orligations of Section 607 0505, Florida Statutes 165 Signature register agent	XX Yes No
14008 N.W. 7TH AVE. MIAMI FL 33168 82 Street Address (P.O. Box Number is Not Accept MIAMI FL 33168 83 84 City 1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for it office of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby ac agent, Lam familiar with, and accept the obligations of, Section 670 2009, Florida Statutes. IGNATURE 2. OFFICERS AND DIRECTORS II. PD	Registered Agent
MIAMI FL 33168 B3	
1. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutos, the above-named corporation submits this statement for it office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby an agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. Iam familiar with, and accept the design and section 607,0505, Florida Statutos. Iam familiar with, and accept the design and section 607,0505, Florida Statutos. Iam familiar with, and accept the design and section 607,0505, Florida Statutos. Iam familiar with, and accept the design and section 607,0505, Florida Statutos. Iam familiar with, and accept the design and section 607,0505, Florida Statutos.	otable)
T. Pursuant to the provisions of Sections G07 0502 and G07 1508, Florida Statutes, the above-named corporation submits this statement for it office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby ac agent, tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. International Composition of the provision of agent and the distribution of the provision of agent and the distribution of the provision	
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the office of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby ac agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. IGNATURE Signature typed or proved name of ingular and title day-florida. (NOTE flogratice) Agent agreed registed when remaining.	
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the office of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby ac agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. IGNATURE Signature typed or proved name of ingular and title day-florida. (NOTE flogratice) Agent agreed registed when remaining.	85 Zip Code
office or registerior agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I heroby ac agent, am familiar with, and accopt the obligations of, Section 607,0905, Florida Statutes. Interest agent agent agent agent agent and the darquincable. Interest agent age	FL 3 7 FOOD
Signature typed or printed name of in gold-not disposed and titled aspelled able of aspelled when iteratar in part of the printed and titled aspelled when iteratar in part of the printed and titled aspelled when iteratar in part of the printed and titled aspelled when iteratar in part of the printed and titled aspelled when iteratar in part of the printed and titled aspelled aspelled aspelled aspelled aspelled aspelled and titled aspelled a	cept the appointment as registered
THE BRACKENRIDGE, WILLIAM 12 NAME 14025 NE 18TH AVE 13 STHEFT ADDRESS 14 CITY-ST-ZIP N MIAMI FL 12 NAME 13 STHEFT ADDRESS 14 CITY-ST-ZIP N MIAMI FL 12 NAME 14 CITY-ST-ZIP N MIAMI FL 22 NAME 23 STHEFT ADDRESS NOTHER AVE NOTHER AME 32 NAME 33 STHEFT ADDRESS NOTHER ADDRESS NOTHE	DATE
BRACKENRIDGE, WILLIAM IREET ADDRESS ITY-ST-ZIP IN MIAMI FL STD BRACKENRIDGE, ANGELA IREET ADDRESS ITY-ST-ZIP IN MIAMI FL DELETE 22 NAME 14 CITY-ST-ZIP IN MIAMI FL 22 NAME 14 CITY-ST-ZIP IN MIAMI FL DELETE 33 STREET ADDRESS ITY-ST-ZIP IN MIAMI FL DELETE 34 CITY-ST-ZIP IN MIAMI FL DELETE 43 STREET ADDRESS ITY-ST-ZIP IN MIAMI FL DELETE 44 CITY-ST-ZIP IN MIAMI IREET ADDRESS ITY-ST-ZIP IN MIAMI I	FICERS AND DIRECTORS IN 12
14025 NE 16TH AVE	Change Additi
TY-ST-ZIP	
DELFTE DELFTE 2.1 TITLE MANE BRACKENRIDGE, ANGELA 2.2 NAME 14025 NE 18TH AVE 2.3 STREEL ADDRESS TY-ST-ZIP N MIAMI FL 2.1 TITLE AME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP TILE DELFTE 4.1 TITLE MANE 4.2 NAME TREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP DELFTE 5.1 TITLE AME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CHY-ST-ZIP TILE DELFTE 5.1 TITLE TILE 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CHY-ST-ZIP TILE DELFTE 5.1 TITLE TILE 5.1 TILE	
### BRACKENRIDGE, ANGELA 14025 NE 16TH AVE 2.3 STREEL ADDRESS ITY-ST-ZIP N MIAMI FL DELETE 3.1 TIDE AME 3.2 NAME 3.3 STREEL ADDRESS 17Y-ST-ZIP 3.4 CHY-ST-ZIP TILE DELETE 4.1 TIDE AME 4.2 NAME ANGEL 4.3 STREEL ADDRESS ANGEL 4.3 STREEL ADDRESS ANGEL 4.3 STREEL ADDRESS AME 5.2 NAME AME 5.2 NAME STREET ADDRESS 5.3 STREEL ADDRESS STREET ADDRESS 5.4 CHY-SI-ZIP TILE DELETE 5.1 TIDE AME 5.2 NAME STREET ADDRESS 5.3 STREEL ADDRESS STREET ADDRESS 5.4 CHY-SI-ZIP TILE DELETE DELETE 5.1 TIDE STREET ADDRESS 5.4 CHY-SI-ZIP TILE DELETE 5.1 TIDE TILE DELETE 5.1 TIDE STREET ADDRESS 5.4 CHY-SI-ZIP TILE DELETE 5.1 TIDE TILE	
14025 NE 18TH AVE	Change Additi
TY-ST-ZIP N MIAMI FL	
DELETE	
AME 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 3.4 CHY-ST-ZIP 4.1 THE 4.1 THE 4.2 NAME 4.2 NAME 4.2 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.4 CHY-ST-ZIP 5.5 CHTTLE 5.5 CHT	
TREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-S1-7H* TILE	L. Change L. Additi
TY-ST-ZIP	
DELETE	
### ### ### ##########################	<u> </u>
TREET ADDRESS 4.3 STHEET ADDRESS 4.4 CHY-ST-ZIP	Change Additi
DELETE 5.1 IDLE SAME	
AME	Change Addit
1.5.3 STREET ADDRESS 1.5.3 STREET ADDRESS 1.7.4 ST-74P 1.7	C onwinds C' Month
ITLE DELETE G.1 TITLE	
	Change Addili
AME	C outlings C Notific
TREET ADDRESS 6.3 STREET ADDRESS	
.	
ATY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 10.4 CITY-ST-ZIP 10.5 Certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida States	tutes. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Floric	egal effect as if made under eath; t
appears in Block 12 or Block 13 if changed, or on an attachment with an address.	ra otatures, ario trial my name
SIGNATURE: NEIRE POLICIES BIRDE WIRLES	(305) 891-7442