

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G02070** (2)

1. Corporation Name
CECCI CAFETERIA AND PRODUCE INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
% ALAN PINKWASSER 2145 NE 204TH ST NORTH MIAMI BEACH FL 33179		% ALAN PINKWASSER 2145 NE 204TH ST NORTH MIAMI BEACH FL 33179		09/29/1982	01/26/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2651712	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PINKWASSER, ALAN 2145 NE 204TH ST NORTH MIAMI BEACH FL 33179				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANGEL, LUIS GUILLERMO		1.2 NAME				
STREET ADDRESS	TURNBERRY WAY UNIT #21E		1.3 STREET ADDRESS				
CITY, ST, ZIP	N. MIAMI BEACH FL		1.4 CITY, ST, ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY, ST, ZIP			2.4 CITY, ST, ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY, ST, ZIP			3.4 CITY, ST, ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY, ST, ZIP			4.4 CITY, ST, ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY, ST, ZIP			5.4 CITY, ST, ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY, ST, ZIP			6.4 CITY, ST, ZIP				

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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)(c), 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 attachment with an address.

SIGNATURE: *Angel Luis Guillermo* 1/23/96 9352400
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date and Time

CR2E034 (12/95)