

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000061516 (9)**

1. Corporation Name
CAFE CAFE MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
% LEON J. WOLFE. ESO
100 S.E. 2ND ST., SUITE 3500
MIAMI FL 33131

2. Principal Place of Business 2a. Mailing Address
21 **3750 YACHT CLUB DR** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **AVENTURA FLORIDA** 28
Zip Country Zip Country
24 **33180** 25 **DADE** 29 30

3. Date Incorporated or Qualified **09/01/1993** 3a. Date of Last Report **08/14/1995**
4. FCI Number **APPLIED FOR 65-0436533** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WOLFE, LEON J ESO.
100 S.E. 2ND STREET
SUITE 3500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____

Signature typed or printed in block on separate sheet attached to this form.

Signature typed or printed in block on separate sheet attached to this form.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTAS	<input type="checkbox"/> DELETE
NAME	LAMONDIN, RICHARD	
STREET ADDRESS	20830 BISCAYNE BLVD., #103	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	ALPER, SUE	
STREET ADDRESS	3750 YACHT CLUB DR.	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARC	
STREET ADDRESS	MIDGLEY, MARK	
CITY-STATE-ZIP	3750 YACHT CLUB DR.	
	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAMONDIN, DAVID	
STREET ADDRESS	3750 YACHT CLUB DR.	
CITY-STATE-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001866682
53 STREET ADDRESS	-06/19/96--01033--040
54 CITY-STATE-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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. 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: *Marc Midgley* **MARC MIDGLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/96 (305) 682-9095

CR2E034 (12/95)