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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096446 (5)

1. Corporation Name
CAFE PRIMOLA, INC.



Principal Place of Business

C/O ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES FL 33134

Mailing Address

C/O ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES FL 33134-3035

3. Date Incorporated or Qualified
11/26/1996

3a. Date of Last Report

2. Principal Place of Business
13200 Biscayne Blvd.

2a. Mailing Address

4. FEI Number
65-0711326

Applied For
Not Applicable

21 Suite, Apt. #, etc.
Arch Creek Mall #8

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State
North Miami, FL.

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip
33181

Country
Dade

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PEREZ, JOSE M	
STREET ADDRESS	1636 VICENTE LOPEZ	
CITY - ST - ZIP	BUENO AIRES, ARGENTINA	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BASSO PEREZ, MARIA D	
STREET ADDRESS	1636 VICENTE LOPEZ	
CITY - ST - ZIP	BUENO AIRES, ARGENTINA	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	FORCINO, NORBERTO	
STREET ADDRESS	850 IVES DAIRY RD. SUITE T-64	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE:

Jose M. Perez, President

2/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me File # 0003107

CR2E034 (9/96)