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 # **P93000058907 (5)**

1. Corporation Name

BELMONT AVENUE CAFE, INC.

Principal Place of Business	Mailing Address
2730 N. STATE RD 7 MARGATE FL 33063 US	2730 N. STATE RD 7 MARGATE FL 33063 US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0432132 ☐ 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

WEYHRAUCH, SHERRY
1120 NW 1ST COURT
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: H. ANTONIO ALEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 5197 N.E. 14th Avenue
83
84 City: Pompano FL 85 Zip Code: 33064

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: H. Antonio Aleman (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/96

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	WEYHRAUCH, SHERRY	
STREET ADDRESS	11120 N.W. 1ST COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	☒ Change ☐ Addition
1.2 NAME	H. ANTONIO ALEMAN	
1.3 STREET ADDRESS	5197 N.E. 14th Avenue	
1.4 CITY-ST-ZIP	Pompano, FL 33064	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	BARBARA KAY ALEMAN	
2.3 STREET ADDRESS	5197 N.E. 14th Avenue	
2.4 CITY-ST-ZIP	Pompano, FL 33064	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	JAN MCDONOUGH	
3.3 STREET ADDRESS	4548 N. Ocean Drive #5	
3.4 CITY-ST-ZIP	Lauderdale By Sea, FL 33308	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: H. Antonio Aleman (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 2/1/96 (Date) (UNLISTED) 954 4292774 (Daytime Phone #)

CR2E034 (12/95)