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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	177 <i>1</i>	ST NO TO										
DOCU 1. Corporatio	MENT #	437511		(9)								
CAFE P	EPE, INC.											
Principal Plac	e of Business		Ma	illing Address								
2006 W. KENNEDY BLD. 2104 ABDELLA ST												
TAMPA FL 33			TA	MPA FL 33607-1602								
US									3. Date Incorporated or Qualified	3a. Date	of Last R	eport
									10/04/1973	05/01	/1996	,
2. Principal Place of Business				Mailing Address					4. FEI Number			plied For
21	# nto		26	Cuina Ant H ata					59-1502111			t Applicable
Sorte, Apt.	#, eic		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		-	Additional equired
City & Stat	te		† * *	City & State					6. Election Campaign Financing	······································		May Be
23			28			, . ,			Trust Fund Contribution		Added	
Zip	<u> </u>	Country	<u></u>	Zip		Country	/		8. This corporation has liability for i			. 199.032.
24	Q Name an	d Address of Current	29 Begist	ered Agent	30				Fiorida Statutes 10. Name and Address of New Re	Yes		
PAI	NON, JOHN F	27,00,000 0, 00,100,10				81	Name		19, 71-110 8112 -12411-0-4 0, 17611-1-6			
	4 ABDELLA S	Ť.				82	Ctroot	Addro	ss (P.O. Box Number is Not Acceptab	lo\		·
	APA FL 33607					02	Sliect	Addie	iss (r.O. box faultiber is faul Acceptab			
						83						
						84	City				85 Zip	Code
		·····					<u> </u>			FL		
11. Pursuant office or r	to the provision registered agent	s of Sections 607.0602 , or both, in the State o	and 60 f Floric	07.1508, Florida Statut la_Such change was ເ	es, th autho	ie abov rized by	e-named y the cor	corpo poratio	oration submits this statement for the poor's board of directors. I hereby accep	urpose of cl it the appoir	nanging it ntment as	s registered registered
	im tamiliar with,	and accept the obligati	ons of	, Section 607.0505, Fig	orida	Statute	S .					
SIGNATURE	Signature, typied or p	rinted name of registered agent	and litte	f applicable (NOT	E Reg	stered Ag	ent signature	require	d when reinstating)	DATE		
12.	,	OFFICERS AND	DIREC		1	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DANON AN	(OE)		DEFELE	- 1	1.1 TITLE		1		L,	Change	Addition
NAMÉ	RANON, AN 2108 ABDE					1.2 NAME						
STREET ADDRESS	TAMPA, FL	•			- 1		ADORESS	<u> </u>				
CITY-ST-ZIP	D			DELETE		1.4 CITY - 9 2.1 TITLE	SI-ZIP	 			Change	Addition
NAME	RANON, JO	ISE A		_		22 NAME				_	•	***
STREET ADORESS		MEW AVENUE			1	2 3 STREET	ADDRESS					
C/1Y-S1-ZIP	TAMPA, FL	00000			:	2 4 CITY	ST-ZIP					
TITLE	D			DELETE		3.1 TITLE	1				Change	Addition
NAME	RANON, RO				1	3.2 NAME		ŀ				
STREET ADDRESS	2104 ABOE						ADDRESS	ļ				
- CiTY - ST - 7IP	TAMPA, FL	00000		[] AFLETE		3.4. CITY-	ST-ZIP	ļ			1 64	Addition
TITLE	DS DNEDO CI	-CAD		DELETE	- 1	4.1 TITLE		-		L.,	Change	Addition Addition
NAME	RIVERO, CI	S STE 700				4. 2 NAME						
STREET ADDRESS	TAMPA FL	O DIE IW			- 1		ADDRESS	ļ				
CITY-ST-ZIF TITEF	PD PD			DELETE		4.4 CITY-S 5.1 TITLE	01-ZIP	 			Change	Addition
NAME	RANON, JO	HN F				5.2 NAME				•••		
STREET ADDRESS	2104 ABDE				- 1		ADDRESS	1				
CITY-ST-ZIP	TAMPA, FL	_			•	5.4 CITY-:		1	·			
TITLE	17 11 11 1 1 1			DELETE	_	61 TITLE	24 . P.H	†			Change	Addition

14. 1 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 if changed, or on an advancement with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAMÉ

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIF

04-121-97

B/B 253 34C5 Davime Phone #

ARESAAT

12E034 (9/96)

FILED

May 05 1997 8:00am

Secretary of State