

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

**APPROVED AND FILED**

95 MAY -1 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION *S-195* *B. Walden* DEPARTMENT OF STATE  
ANNUAL REPORT Secretary of State  
1995 DIVISION OF CORPORATIONS

DOCUMENT # **H60090** (8)  
1. Corporation Name:  
**MIAMI MOON CAFE, INC.**

Principal Office: **6770 COLLINS AVE. MIAMI BEACH FL 33141**  
Mailing Address: **6770 COLLINS AVE. MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1985**  
3a. Date of Last Report: **02/01/1994**

4. FEI Number: **59-2550994**  
Applied For:  Not Applicable

5. Certificate of Status Due:  **\$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 § 199.032, Florida Statute:  Yes  No

2. Principal Office: **6770 COLLINS AVE. MIAMI BEACH FL 33141**  
2a. Mailing Address: **6770 COLLINS AVE. MIAMI BEACH FL 33141**

21. State: **FL**  
26. State: **FL**

22. City & State: **MIAMI BEACH FL**  
27. City & State: **MIAMI BEACH FL**

23. Zip: **33141**  
28. Zip: **33141**

24. County: **DADE**  
29. County: **DADE**  
30. County: **DADE**

9. Name and Address of Current Registered Agent

**SCHWARZ, NORMAN C**  
**5750 COLLINS AVE.**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent (Print Name and Title) \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PD</b> <b>SCHWARZ, NORMAN</b> <b>6770 COLLINS AVE.</b> <b>MIAMI BEACH FL</b>
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>ST</b> <b>SCHWARTZ, JUSTIN</b> <b>6770 COLLINS AVE</b> <b>MIAMI BEACH FL</b>
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included on this corporate 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 the officers and directors of the corporation or the incorporator(s) named to receive this report or response by Chapter 199, Florida Statutes, and that my name appears on the back of the report or response in attachment with an address.

SIGNATURE: \_\_\_\_\_ PRES 4/28/95 861-7120  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**NORMAN SCHWARZ**