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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J33889** **(3)**

1. Corporation Name

**STUDIO ONE CAFE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 155 ISLE OF VENICE DR<br>APR 303<br>FT. LAUDERDALE FL 33301<br>US | 155 ISLE OF VENICE DR<br>APT 303<br>FT. LAUDERDALE FL 33301<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1986
3a. Date of Last Report: 02/28/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3100 NE 48th ST # 512 | 26 3100 NE 48th ST |
| 22 Suite, Apt. #, etc. 512 Apt. | 27 Suite, Apt. #, etc. Apt. 512 |
| 23 City & State | 28 City & State |
| 24 Zip 33308 / 25 Country | 29 Zip 33308 / 30 Country |

4. FEI Number: 59-2716460 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| TASIC, JOSEPH<br>155 ISLE OF VENICE DR<br>APT 303<br>FT. LAUDERDALE FL 33301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) 3100 NE 48th STREET Apt 512<br>83 Apt. 512<br>84 City FL 85 Zip Code 33308 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☒ Change ☐ Addition |
| NAME | TASIC, JOSEPH | 12 NAME | |
| STREET ADDRESS | 155 ISLE OF VENICE DR S303 | 13 STREET ADDRESS | 3100 NE 48th STREET #512. |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | FT. Lauderdale FL 33308 |
| TITLE | ST | 21 TITLE | ☒ Change ☐ Addition |
| NAME | JONAS, CAROL | 22 NAME | |
| STREET ADDRESS | 155 ISLE OF VENICE DR S303 | 23 STREET ADDRESS | 3100 NE 48th STREET #512 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | FT. LAUDERDALE FL 33308 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 attachment with an address.

**SIGNATURE:** Carol Jonas CAROL JONAS Secretary/Treasurer 4/20/95 305 771-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0810710 CP