


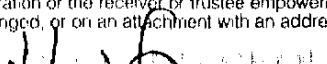
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

97 MAY 15 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L43358 (5)</b> 1. Corporation Name <b>TAVERN ON THE GREEN CAFE, INC.</b>			
Principal Place of Business <b>11098 BISCAYNE BLVD. STE 402 N. MIAMI FL 33161-7498</b>		Mailing Address <b>11098 BISCAYNE BLVD. STE 402 N. MIAMI FL 33161-7489</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>01/18/1990</b>		3a. Date of Last Report <b>06/06/1996</b>	
4. FEI Number <b>65-0228683</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180</b>		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> DELETE	
NAME	SHAPIRO, HOWARD		
STREET ADDRESS	11098 BISCAYNE BLVD, SUITE 402		
CITY-ST-ZIP	NORTH MIAMI FL 33161		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	BLANCO, CAMILLO		
STREET ADDRESS	11098 BISCAYNE BLVD, SUITE 402		
CITY-ST-ZIP	NORTH MIAMI FL 33161		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BEDZOW, CHARLES		
STREET ADDRESS	11098 BISCAYNE BLVD, SUITE 402		
CITY-ST-ZIP	MIAMI FL 33161		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BEDZOW, SARA		
STREET ADDRESS	11098 BISCAYNE BLVD, SUITE 402		
CITY-ST-ZIP	MIAMI FL 33161		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	<b>400002183494--6</b>		
1.3 STREET ADDRESS	<b>-05/19/97--01141--003</b>		
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>		
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 if changed, or on an attachment with an address.			
SIGNATURE:  3/6/97 305/891-7587			

CR2E034 (9/96)