

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

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L54942 (2)  
1. Corporation Name  
CAFE CONSULTANTS, INC.



Principal Place of Business Mailing Address  
17850 W DIXIE HWY 17850 W DIXIE HWY  
N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5834 S. Flamingo Rd		26 18300 NE 5th Ave		03/01/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0189910	
City & State		City & State		Applied For	
23 Cooper City, FL		28 N. Miami Bch, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33330		29 33179		30	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

PAULL, DAVID  
17850 W DIXIE HWY  
NORTH MIAMI BEACH FL 33160  
18300 NE 5th Ave  
N. Miami Bch, FL 33179

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	RICHMAN, MARK	1.2 NAME	
STREET ADDRESS	17850 W DIXIE HWY	1.3 STREET ADDRESS	18300 NE 5th Ave
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. Miami Bch, FL 33179
TITLE	STD	2.1 TITLE	Change Addition
NAME	PAULL, DAVID	2.2 NAME	
STREET ADDRESS	17850 W DIXIE HWY	2.3 STREET ADDRESS	18300 NE 5th Ave
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. Miami Bch, FL 33179
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, changed, or on an attachment with an address.

SIGNATURE

David Paull

3/25/98

(305) 6827008

CR2E034 (10/97)