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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90096 027 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66236

1. Corporation Name

CAFE RICO, INC.



Principal Place of Business

C/O MARTIN E PONS
13727 SW 152 ST #305
MIAMI FL 33177
US

Mailing Address

C/O MARTIN E PONS
13272 SW 152 #305
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1990

4. FEI Number

65-0187234

Applied For

No: 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O MARTIN E PONS

Suite, Apt. #, etc.

22 9370 SUNSET DR #A-100

City & State

23 MIAMI, FL

Zip Country

24 33173 25

2a. Mailing Address

26 C/O MARTIN E PONS

Suite, Apt. #, etc.

27 9370 SUNSET DR #A-100

City & State

28 MIAMI, FL

Zip Country

29 33173 30

9. Name and Address of Current Registered Agent

PONS, MARTIN E
9370 SUNSET DR STE A1W
SUITE 200
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name MARTIN E PONS

82 Street Address (P.O. Box Number is Not Acceptable)

9370 SUNSET DRIVE

83 SUITE A-100

84 City MIAMI

FL 85 Zip Code 33173

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.

MARTIN E PONS

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME TORRES, JULIO
STREET ADDRESS 13727 SW 152 STREET SUITE 305
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME PONS, MARTIN E.
STREET ADDRESS 13727 SW 152 STREET SUITE 305
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9370 SUNSET DRIVE #A-100
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTIN E PONS / SEC

4/12/99

305-275-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)