


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

FILED

May 06 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **L73696** (1)

1. Corporation Name:  
**CORAL ROSE CAFE, INC.**

Principal Place of Business

**JAMES DUBIN**  
**1840 HARRISON STREET**  
**HOLLYWOOD FL 33020**

Mailing Address

**JAMES DUBIN**  
**1840 HARRISON STREET**  
**HOLLYWOOD FL 33020-6817**

3. Date Incorporated or Qualified **05/14/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **1610 WILEY ST** 26 **1610 WILEY ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **HOLLYWOOD FL** 28 **HOLLYWOOD FL**

24 **33020** 25 **USA** 29 **33020** 30 **USA**

9. Name and Address of Current Registered Agent

**DUBIN, JAMES**  
**1840 HARRISON STREET**  
**HOLLYWOOD FL 33020**

4. FEI Number **65-0194708** 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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1610 WILEY ST**  
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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 of type 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   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUBIN, JAMES</b>      | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1840 HARRISON ST.</b> | 1.3 STREET ADDRESS                                    | <b>1610 WILEY ST</b>   |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>      | 1.4 CITY-ST-ZIP                                       | <b>HOLLYWOOD FL 33020</b>  |
| TITLE                      | VD                       | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUBIN, ROSE M.</b>    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1840 HARRISON ST.</b> | 2.3 STREET ADDRESS                                    | <b>1610 WILEY ST.</b>  |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>      | 2.4 CITY-ST-ZIP                                       | <b>HOLLYWOOD FL 33020</b>  |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 3.2 NAME  |  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 4.2 NAME  |  |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                          | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120010

CR2E034 (9/96)