

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)**



PROFIT CORPORATION  
 ANNUAL REPORT  
 1996

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

DOCUMENT # **L95412 (7)**  
 1. Corporation Name

**MEGA BITE CAFE, INC.**



Principal Place of Business: **1650 MCNAB ROAD FORT LAUDERDALE FL 33309**  
 Mailing Address: **1650 MCNAB ROAD FORT LAUDERDALE FL 33309**

*(Mod comp) (MEGA Bite cafe inc)*

3. Date Incorporated or Qualified: **08/23/1990**  
 3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business: *Fort Lauderdale*  
 2a. Mailing Address: *1650 WOT McNab Rd*

4. FEI Number: **65-0211318**  
 Applied For  
 Not Applicable

22. Suite, Apt #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: *Fort Lauderdale FL*

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: *33309* Country: *Bahamas*

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DELGRADIO, MICHAEL**  
**11217 LAKEVIEW DRIVE**  
**CORAL SPRINGS FL 33071**

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: **FL**

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]* DATE: **7/31/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCHHORST, ROSARIO	
STREET ADDRESS	3910 NORTHEAST 1ST AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MICHAEL DELGARDIO	
STREET ADDRESS	11217 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/31/96 (L954129771179)**

CR2E034 (3/96)