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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000002413 (2)

1. Corporation Name  
CAFE IGUANA, INC.



Principal Place of Business  
8505 MILLS DR., #N-237  
MIAMI FL 33183  
US

Mailing Address  
3801 HOLLYWOOD BLVD  
SUITE 101  
HOLLYWOOD FL 33021-6728  
US

3. Date Incorporated or Qualified  
11/05/1992

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
65-0364440

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

9. Name and Address of Current Registered Agent

KUSNICK, HOWARD A  
8211 W BROWARD BLVD.  
S-420  
FT. LAUDERDALE FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAGESCHULTE, DAVID L	
STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELANEY, JOSEPH	
STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D President	<input type="checkbox"/> DELETE
NAME	VASU, VASU	
STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D Vice President	<input type="checkbox"/> DELETE
NAME	MILLER, SHANNON C	
STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Capoti, Steve	
STREET ADDRESS	3801 Hollywood Blvd. Suite 101	
CITY-ST-ZIP	Hollywood FL 33021	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 and content of 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, 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: MARK E. VASU 4/18/97 (254) 614-9993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)