

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90031 022 ***150.00

DOCUMENT # P92000002413

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

ROTHSTEIN SCOTT W.

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

One Financial Plaza

83

Suite 2612

84 City

Ft. Lauderdale FL

85 Zip Code

33394

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

4/25/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ST
NAME CAPUTI, STEVE
STREET ADDRESS 3801 HOLLYWOOD BLVD., STE. 101
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD ☒ DELETE

NAME VASU, VASU
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE DVP ☒ DELETE

NAME MILLER, SHANNON C
STREET ADDRESS 4411 CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE PD
1.2 NAME Delaney, Gerard
1.3 STREET ADDRESS 3801 Hollywood Blvd. Suite 101
1.4 CITY-ST-ZIP Hollywood FL 33021

2.1 TITLE VST D ☒ Change ☐ Addition

2.2 NAME Caputi, Stephen J.
2.3 STREET ADDRESS 3801 Hollywood Blvd. Suite 101
2.4 CITY-ST-ZIP Hollywood FL 33021

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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/99

Daytime Phone #

CR2E034 (1/198)

0141584