

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 20 PM 2:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015683 (4)**

1. Corporation Name
SPORT CAFE INC.

Principal Place of Business Mailing Address
**538 WASHINGTON AVE.
MIAMI BEACH FL 33139** **538 WASHINGTON AVE.
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/02/1993 **10/12/1994**

4. FEI Number Applied For
65-0401800 Not Applicable

5. Certificate of Status Deemed **\$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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc Suite, Apt. #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BRITO, LUIS G
407 LINCOLN RD
SUITE 5-B
MIAMI BEACH FL 33135**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Signature, typed or printed name, of registered agent and title, if applicable Date

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	DOINO, TONINO
STREET ADDRESS	538 WASHINGTON AVE.
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	T/D
NAME	CARRARA, SYLVAIN
STREET ADDRESS	538 WASHINGTON AVE.
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	SD
NAME	DOINO PAOLO
STREET ADDRESS	538 WASHINGTON AVE.
CITY- ST- ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DOINO PAOLO
33 STREET ADDRESS	538 WASHINGTON AVE
34 CITY- ST- ZIP	MIAMI BEACH FL 33139
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
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 119.027(4)(b), Florida Statutes. Further, I 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 in person. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 409, 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 BOARD OFFICER OR DIRECTOR

305-534-9292