SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. MOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

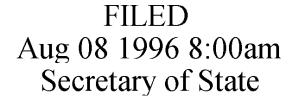
<u>1996</u>

DOCUMENT #

P93000072570 (3)

CAFE SAN REMO, INC.

Mailing Addres





Principal Place of Susiness Maning Address							AG. G.:::: 1841: Affit (85:	
3331 NE 33 ST FORT LAUDERDALE FL 33308		3500 GATEWAY DRIVE SUITE 201						
US		POMPANO BEACH FL 33069		3. Date incorporated or Qualified	3a. Date o	of Last Report		
					10/13/1993	09/2	1/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State		City & State	-		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Zip Country		This corporation has flability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		10. Name and Address of New Reg	istered Age	nt	
	INCOLOR DECO		81	Name				
FINEBERG, LIBO B ESQ. 3500 GATEWAY DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	UITE 201 OMPANO BEACH FL 33069		83					
			84	City	· · · · · · · · · · · · · · · · · · ·	FL ⁸	5 Zip Code	
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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
				ent signature requ		DATE		
12. TITLE	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE		Change Addition	
l .			1171716	ļ			change [] wouldn't [
NAME	PEUNI, MARIA C		1.2 NAME					
STREET ADDRESS	1 000 1 11 00 01		1.3 STREET	- 1			Į.	
CITY-ST-ZIP TITLE			1.4 CITY - S	T-ZIP			Change Addition	
	100		2.1 TITLE 2.2 NAME				Charige [Addition	
NAME ATOSET ADDRESS	I INCOCIO, EDO D			Indecod				
STREET ADDRESS	TOTAL CHILD STATE, COLIC 201			ADDRESS				
CITY+ST-ZIP TITLE	POMPANO BEACH FL 33069	DELETE	2. 4 CITY - 3.1 TITLE	SI-7IP			Change Addition	
NAME			3.2 NAME			L	The state of the s	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY - 5	J				
TITLE			4.1 TITLE	, , , , , , , , , , , , , , , , , , ,			Change Addition	
NAME		-	4. 2 NAME	1		_		
STREET ADDRESS			4.3 STREET	ADDRESS			1	
CITY-ST-ZIP			44CITY-S					
TITLE		DELETÉ	5.1 TITLE				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	iT-ZIP				
TITLE		DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NAME	}			į	
STREET ADDRESS			6.3 STREET	ADORESS				
City-St-zip 64			64CITY-S	T-ZI <u>P</u>				
44		215 21 2 22 2 2 2 2 2		, 	The second secon			