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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021218 (0)

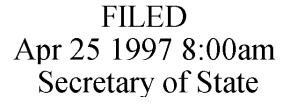
CAFE TROPICAL CORP.

Principal Place of Business

19636 OKEFOHOREE RO

Mailing Address

12535 OKEECHOBEE RD





N.W. 103RD AVE. HIALEAH GARDENS FL 33016			N.W. 103RD AVE. HIALEAH GARDENS FL 33018-6026										
1			• • • •		0.0 0020			3	Date Incorporated or Qualified 03/18/1994		Date of Last F /25/1996	Report	
2. Principal Place of Business				2a. Mailing Address				4	I. FEI Number		·	oplied For	
21				26					65-0489510		ļ	ot Applicable	
Suite, Apt. #, etc.				Suite. Apt. #, etc.					Certificate of Status Desired			Additional	
22				27							Fee R	equired	
City & State				City & State				6	. Election Campaign Financing	<u></u>		May Be	
Zip	Country			Zip Country			,		Trust Fund Contribution				
24	25	Country	29	າ ` ⊢າ່				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No					
			Istered Agent			10	10. Name and Address of New Registered Agent						
MAR	MINEZ, REGLA	\				81	Name						
12535 OKEECHOBEE RD. N.W. 103RD AVE.							Street A	Street Address (P.O. Box Number is Not Acceptable)					
							Calcota		T.O. DOX NUMBER IS NOT ACCEPTE				
HGI	NLEAH GARDE	NS FL 33016				83							
							City				85 Zip	Code	
						l] 1			FL	` `		
11. Pursuant office or r	to the provisions egi s tered agent,	s of Sections 607.0502 , or both, in the State o	and 6 f Flori	307.1508, Florida Statul ida-Such change was	les, the a authorize	d by	e-named c / the corpo	corporation's	on submits this statement for the board of directors. I hereby accor-	purpose of the ap	of changing is pointment as	ts registered registered	
agent la	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, lyned or no	inted name of registered agent	and Mir	FOIA department in a	If Require	d And	ent signature re	An urad who	ser remeration	DATE			
12.	organistic, typica or pr	OFFICERS AND			13.	a rige	an argina die re	eduned whe	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12	
TITLE	PD	······································		DELETE	1.1 11	ît E					Change	Addition	
-NAME	GONZALEZ,	MARCOS			1.2 N	1.2 NAME							
STREET ADDRESS 12535 OKEECHOIBEE RD N.W.				103RD AVE. 1.33			1.3 STREET ADDRESS						
CITY-ST-ZIP		RDENS FL 33016				1.4 CITY- ST - ZIP							
ŢĮTLE	VD			☐ DELETE	211	TLF					☐ Change	Addition (
NAME	MARTINEZ, F		4001				22 NAME						
STREET ADDRESS 12535 OKEECHOIBEE RD N.W. HIALEAH GARDENS FL 33016				103RD AVE. 23			2.3 STREFT ADDRESS					1	
CITY-ST-ZIP	HIALEAN GA		DELETE			2. 4 C(TY-ST-Z)P				0			
TITLE				☐ NETCIE			3.1 TITLE 3.2 NAME				Change	Addition	
NAME Street address					- 1		ADDDC00						
CITY-ST-ZIP				4			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
TITLE							4.1 TITLE				Change	Addition	
NAME				•			4. 2 NAME				<i>5</i> ,g0	213010011	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							T-2(P						
TITLE				DELETE 5			5.1 THLE				☐ Change	Addition	
NAME					5.2 N	AME							
STREET ADDRESS					5.3 \$	TREET	ADDRESS						
CITY-ST-ZIP				·	5.4 0	1Y-S	T-ZIP						
TITLE				DELETE 6.1			ITLE				☐ Change	Addition	
NAME					6.2 N	AME							
'STREET ADDRESS					6.3 S	TREET	ADDRESS					-	
CITY-ST-ZIP					6.4 CI	TY-\$	T - 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 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 composition or 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 in changed, grinning an attachment with an address.