FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000040993 (5)**

1. Corporation Name

THE CAPPUCCINO COMPANY OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
3543 NORTH ANDREWS AVE. FORT LAUDERDALE FL 33309	3543 NORTH ANDREWS AVE. FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **06/01/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0500305** ☐ 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

2. Principal Place of Business
21 661 NW 100 Terr.
Suite, Apt. #, etc.
22
City & State
23 Plantation FL
Zip 24 33324 Country 25

2a. Mailing Address
26 P.O. Box 154341
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale FL
Zip 29 33318 Country 30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVE.
SUITE 2000
MIAMI FL 33128-9965

10. Name and Address of New Registered Agent

81 Name: Kathy Korenbaum
82 Street Address (P.O. Box Number is Not Acceptable): 661 NW 100 Terrace
83
84 City: Plantation FL 85 Zip Code: 33324

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: x [signature] 3/24/96
(Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KORENBAUM, KATHY	1.2 NAME	
STREET ADDRESS	~~3543 N. ANDREWS AVE.~~	1.3 STREET ADDRESS	661 NW 100 Terrace
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33309~~	1.4 CITY-ST-ZIP	Plantation FL 33324
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(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 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: x [signature] Kathy Korenbaum 3/24/96 (954) 424-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #