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

DOCUMENT # P94000046610 1. Corporation Name

COOL RUNNINGS CAFE, INC.

| | | | | | | 18 411 0 1010 01110 01110 1 | (1611 3611 146) | |
|--|---|--|-------------------------|-------------------|--|---|-------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | |
| 9977 MIRAMAR PKWY 9977 MIRAMAR. PKWY | | | | | | | | |
| MIRAMAR FL 33025 MIRAI US US | | | MIRAMAR FL 33025 US | | DO NOT WRITE IN | DO NOT WRITE IN THIS SPACE | | |
| | | บร | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 06/20/1994 | | | |
| | | O- Marillan Address | | | 4. FEI Number | Apr | plied For | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 65-0498430 | <u> </u> | t Applicable | | |
| 21 | | 26 | | | 00 0430400 | \$8.75 A | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | Fee Rec | | |
| 22 | | 27 City & State | | | 2. Election Compaign Financing | \$5.00 | May Ba | |
| City & State | } | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | Added to | | |
| 23 | Committee . | | Country | | This corporation owes the current year | | | |
| Zip | · | | 30 | | Personal Property Tax. | ∏ Yes | □No | |
| 24 | 25 | | <u> </u> | | 10. Name and Address of New Registe | red Agent | | |
| | 9. Name and Address of Curre | ent Registered Agent | 81 | Name | 10. (10.11) | | | |
| LAM | CE JOSPEH PA | | Ľ. | | | | <u> </u> | |
| 6950 N KENDALL DR #200 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| | | | 83 | | | | | |
| MIAMI FL 33156 | | | 03 | | | | | |
| | | | 84 | City | | 85 Zip C | Code | |
| | | <u> </u> | | | | FL | | |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statutes | s, the above | e-named cou | rporation submits this statement for the purporation's board of directors. I hereby accept the | appointment as re | gistered | |
| office or re | egistered agent, or doth, in the Staten familiar with, and accept the obliq | gations of, Section 607.0505, Florid | da Statutes | | , , | ., | | |
| SIGNATURE | Mayorce Ruin | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: F | Registered Ager | t signature requi | ured when reinstating) DA | | 00 11 40 | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICER | Change | Addition | |
| TITLE | _ | | 11 TITLE | | | ☐ Change | | |
| NAME | CHIN, DAHLIA | | 1.2 NAME | | | | | |
| STREET ADDRESS | 9977 MIRAMAR PARKWAY | | 1.3 STREE | ADORESS | | | | |
| CITY-ST-ZIP | MIRAMAR FL | | 1.4 CITY-S | T-ZIP | | | | |
| TILE | · · · · · · · · · · · · · · · · · · · | | 2.1 TITLE | | | Change | Addition Addition | |
| NAME | • | | 2.2 NAME | | | | | |
| STREET ADDRESS | ACTIVITY AND ALARD DADIGMAN | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-5 | ST-ZIP | · | | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | | Change | Addition | |
| NAME | LEE. BUDDLEY | | 3.2 NAME | | | | | |
| STREET ADDRESS | 9977 MIRAMAR PARKWAY | | 3.3 STREET ADDRESS | | | | | |
| 1 | MIRAMAR FL 33025 | | 3.4. CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | WIITAWAIT E 30020 | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition | |
| | | | 4. 2 NAME | | | | | |
| NAME | | | | TADDRESS | | | | |
| STREET ADDRESS | | | | | | | | |
| Crty-ST-ZIP | | ☐ DELETE | 4.4 CITY-9 5.1 TITLE | 1-219 | | Change | Addition | |
| TITLE | | □ pere₁e | 5.1 IIILE 5.2 NAME | 1 | | _ * | - | |
| NAME | | | | TARRESS | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | 1-ZIP | | Change | Addition | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | | |

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS

Daytime Phone #

May 06, 1999 8:00 am Secretary of State

05-06-1999 90224 036 ***150.00