FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057928 (1)

1. Corporation Name
CAFE ETC., INC.

Principal Place of Business	Mailing Address
1920 E. HALLANDALE BEACH BLVD. SUITE 807 HALLANDALE FL 33009	1920 E. HALLANDALE BEACH BLVD. SUITE 807 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 660 NE 195 STREET	26 660 NE 195 STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. MIAMI BEACH, FL	28 City & State: N. MIAMI BEACH, FL
24 Zip: 33179 25 Country: USA	29 Zip: 33179 30 Country: USA

4. FEI Number: ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KLISTON, TODD W~~ ~~6211 W. BROWARD BLVD.~~ ~~SUITE 815~~ ~~PLANTATION FL 33324~~	81 Name: TERTULIEN, JACQUES 82 Street Address (P.O. Box Number is Not Acceptable): 660 NE 195 Street 83 84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

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] 4-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MAZEN, JAY~~ ~~400 LESLIE DR., APT. 1119~~ ~~HALLANDALE FL 33009~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition NONE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MAZEN, MADELINE~~ ~~400 LESLIE DR., APT. 1119~~ ~~HALLANDALE FL 33009~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition NONE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / P TERTULIEN, JACQUES 1920 E. HALLANDALE BEACH BLVD., #807 HALLANDALE FL 33009	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition P/S TERTULIEN JACQUES 660 NE 195 ST N. MIAMI BEACH, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition VICE PRESIDENT ADA TERTULIEN 660 NE 195 Street N. MIAMI BEACH, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

305. 956-9807

SIGNATURE: [signature] 4.4.95 305-652-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #