


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90002 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000062845
 1. Corporation Name
CAFE ELAN, INC.



Principal Place of Business: **9400 S DADELAND BLVD MAIN LOBBY MIAMI FL 33156 US**

Mailing Address: **5245 SW 133 CT DR MIAMI BEACH FL 33175 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26** *5245 S.W. 133 CT DR*

Suite, Apt. #, etc. **27**

City & State: **23** *MIAMI, FLA*

Zip: **24** *33175* Country: **25**

City & State: **28** *MIAMI, FLA*

Zip: **29** *33175* Country: **30**

3. Date Incorporated or Qualified: **08/25/1994**

4. FEI Number: **65-0744968** 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

TICKTIN, PETER ESQ.
2000 GLADES ROAD, SUITE 110
BOCA RATON FL 33431-8504

10. Name and Address of New Registered Agent

81 Name: *BEATRIZ DIAZ*

82 Street Address (P.O. Box Number is Not Acceptable): *5245 S.W. 133 CT DR*

83

84 City: *MIAMI* **FL** **85** Zip Code: *33175*

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: *7-9-99*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DIAZ, BEATRIZ	
STREET ADDRESS	5245 SW 133 CT DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **BEATRIZ DIAZ** **PRESIDENT** *7-9-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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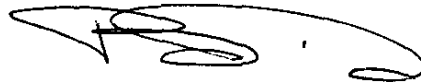
July 10, 1999
Café Elan Inc.

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALAHASSIE FL. 32302-1500

TO WHOM IT MAY CONCERN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS UNINTENTIONALY, DUE TO THE FACT THAT YOU HAVE THE WRONG ADDRESS, ALSO THE ANNUAL REPORT WAS RECEIVED THROUGH THE MAIL AFTER JULY 7, 1999. IF YOU COULD WAIVE THE LATE FEE IT WOULD BE KINDLY APPRECIATED.

SINCERELY,



BEATRIZ DIAZ
PRESIDENT CAFE ELAN