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 MAY -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078596 (1)

1. Corporate Name

MIMI'S CAFE, INC.

Principal Place of Business	Mailing Address
4613 S UNIVERSITY DRIVE DAVIE FL 33328	4613 S UNIVERSITY DRIVE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report:

4. FEI Number: 65-0537449 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. # etc. (22) — Suite, Apt. # etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

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 taxable intangible property subject to s. 199.032, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENZER, AMIR 11061 NW 40 STREET SUNRISE FL 33351	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

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: ______________________

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE:	1.1 TITLE: PRESIDENT ☐ Change ☑ Addition
NAME:	1.2 NAME: AMIR ENZER
STREET ADDRESS:	1.3 STREET ADDRESS: 11061 NW 40th STREET
CITY-ST-ZIP:	1.4 CITY-ST-ZIP: SUNRISE FL. 33351
TITLE:	2.1 TITLE: ☐ Change ☐ Addition
NAME:	2.2 NAME:
STREET ADDRESS:	2.3 STREET ADDRESS:
CITY-ST-ZIP:	2.4 CITY-ST-ZIP:
TITLE:	3.1 TITLE: ☐ Change ☐ Addition
NAME:	3.2 NAME:
STREET ADDRESS:	3.3 STREET ADDRESS:
CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE:	4.1 TITLE: ☐ Change ☐ Addition
NAME:	4.2 NAME:
STREET ADDRESS:	4.3 STREET ADDRESS:
CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE:	5.1 TITLE: ☐ Change ☐ Addition
NAME:	5.2 NAME:
STREET ADDRESS:	5.3 STREET ADDRESS:
CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE:	6.1 TITLE: ☐ Change ☐ Addition
NAME:	6.2 NAME:
STREET ADDRESS:	6.3 STREET ADDRESS:
CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

14. I 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 the 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] AMIR ENZER — 4-26-95 — 305-680 4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0238711 CP