FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN F STATE

Sandra B. Moram

Secretary of S DIVISION OF CORPORTIONS

1997

DOCUMENT # P94000078596 (1)

MIMI'S CAFE, INC.

Principal Place of Business	Mailing Address
4613 & UNIVERSITY DRIVE	4613 S UNIVERSITY DRIVE
DAVIE FL 33328	DAVIE FL 33328-3817

FILED Apr 28 1997 8:00am Secretary of State



									3. Date Incorporated or Qualified 10/24/1994 3a. Date of Last Report 04/26/1996				
2. Principal F	Place of Busin	ness		2a.	Mailing Address	3			4. FEI Number			Ar	oplied For
21				26					65-0537449				ot Applicable
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5. Certificate of Status Desire	#d		T	Additional equired
City & State				20	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Co	untry	1201	Ζιρ	Cur	TIV.		8. This corporation has liability	tu for h	nknaihle		
24	ľ	25	•	29	- 1	30	. ,	Ì	Florida Statutes			No No	. 100.000,
			Idress of Curr		lered Agent			-	10. Name and Address of No		<u> </u>	Agent	
FN:	ZER, AMIR						1 Name						
	81 NW 40	ATDES	т					HIM	IR ENZER		1-1		
	NRISE FL 8		1				95.		s (P.O. Box Number is Not Acc	poptab	le)		
ارمو	TIME O	3331					_ 7.2×	<u>J-1 /V</u>	W 72 21				
						•	4 City	SUN	MICE		ŒI	85 Zip	Code
11. Pursuant	to the provisi	ons of S	Sections 607.05	02 and 60	07.1508, Florida S	Statutes, the a	wo-name	ed cornor	ation submits this statement for	r the p	urpose o	of changing incomment as	its registered
	am familiar wil	h, and	accept the obli	gations of	, Section 607.050	was authorized 05, Florida Stat	tes.	sporado	s board of directors. I hereby	tiooop	n the app	JOHN HONE GO) logistoros
SIGNATURE	Signalure, typed	or printed	name of registered a	gent and title i	if approachin	(NOTE: Registered	Anant signate	ture reduced	when reinstating)		DATE		
12.			OFFICERS A			13.	Age it alg last	or reduies	ADDITIONS/CHANGES TO	OFFIC		D DIRECTO	RS IN 12
TITLE	P				DELETE		F	TP				K Change	☐ Addition
NAME	ENZER, A	MIR			•—	1.2 N/		1'A	MIR ENZER				
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CITY+ST-ZIP	SUNRISE						7-ST-2IP	SIL	MIR ENZER 21 NW 42 ST NRISE FL 333	5)			
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CITY-ST-ZIP						64.00	Y-S1-ZIP						

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 or an attachment with an address.