

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90002 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079254

1. Corporation Name
RPM CAFE, INC.

Principal Place of Business
740 OCEAN DR
MIAMI BEACH FL 33140

Mailing Address
777 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1994	
4. FEI Number 65-0534143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 20 BROAD STREET Suite, Apt. #, etc. 22 27TH FLOOR City & State 23 NEW YORK, NY Zip 24 10005	2a. Mailing Address 26 20 BROAD STREET Suite, Apt. #, etc. 27 27TH FLOOR City & State 28 NEW YORK, NY Zip 29 10005	Country 30
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9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ROBERT M	1.2 NAME	
STREET ADDRESS	% ROBB PECK MCCOOEY, 20 BROAD ST, 27TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBB, GEORGE E JR	2.2 NAME	
STREET ADDRESS	% ROBB PECK MCCOOEY, 20 BROAD ST, 27TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPTHEGROVE, BRUCE	3.2 NAME	
STREET ADDRESS	740 OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOW, MITCHELL T	4.2 NAME	
STREET ADDRESS	740 OCEAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTRETTA, NATHAN J	5.2 NAME	
STREET ADDRESS	740 OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHR, THOMAS F	6.2 NAME	
STREET ADDRESS	740 OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

212-837-8687

Daytime Phone #

CR2E034 (11/98)