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

FILED
95 JUL 31 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080668 (4)**

1. Corporation Name
BOCA BLUES CAFE, INC.

Principal Place of Business	Mailing Address
6850 NW 2ND AVENUE BOCA RATON FL 33487	6850 NW 2ND AVENUE BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 309 VIA DE PALOMAS	26 309 VIA DE PALMAS
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33442 Country 25	Zip 29 33442 Country 30

4. FEI Number: [X] 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~VEZIER, JEAN PAUL~~ ~~6850 NW 2ND AVENUE~~ ~~BOCA RATON FL 33487~~	81 Name: ANDREW SCHWARTZ 82 Street Address (P.O. Box Number is Not Acceptable): 1701 WEST HILLSBORO BLVD. 83 SUITE 308 84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 _____ 7/20/95
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	D	11 TITLE	[X] Change [ ] Addition
NAME	~~VEZIER, JEAN PAUL~~ LIONEL RONSSIN	12 NAME	
STREET ADDRESS	~~6850 NW 2ND AVENUE~~ 309 VIA DE PALMAS	13 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33487~~ BOCA RATON, FL 33432	14 CITY-ST-ZIP	
TITLE	DIRECTOR	21 TITLE	[ ] Change [X] Addition
NAME	PIERRE BERGE	22 NAME	
STREET ADDRESS	309 VIA DE PALMAS	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	24 CITY-ST-ZIP	
TITLE	PRESIDENT/TREASURER	31 TITLE	[ ] Change [X] Addition
NAME	MARIE SCHWEBLIN	32 NAME	
STREET ADDRESS	309 VIA DE PALMAS	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	34 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/SECRETARY	41 TITLE	[ ] Change [X] Addition
NAME	MADAME BERGE	42 NAME	
STREET ADDRESS	309 VIA DE PALMAS	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE: ANDREW SCHWARTZ AS AUTHORIZED AGENT 7/20/95 (305 574 0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270670 CP