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FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085864 (4)

1. Corporation Name
CAFE THAI BISTRO, INC.



Principal Place of Business

1533 WASHINGTON AVE
MIAMI BEACH FL 33139
US

Mailing Address

1533 WASHINGTON AVE
MIAMI BEACH FL 33139-7802
US

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
04/16/1996

4. FEI Number
65-0540277

☒ 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 ☐ No

2. Principal Place of Business

21 Cafe Thai Bistro

Suite, Apt. #, etc.

22 1533 Washington Ave

City & State

23 miami Beach

Zip

24 33139

Country

25 U.S.A.

2a. Mailing Address

26 1533 Washington Ave

Suite, Apt. #, etc.

27 miami Beach FL

City & State

28 33139 U.S.A

Zip

29 33139

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GOUZ, LOUIS
717 PONCE DE LEON BLVD, 215
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Gouz Louis

82 Street Address (P.O. Box Number is Not Acceptable)
717 Ponce de Leon Blvd. 215

83 Coral Gable FL 33134

84 City Coral Gable

FL

85 Zip Code

33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME APIRUKPINO, MUTHITA
STREET ADDRESS 1533 WASHINGTON AVE
CITY - ST - ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE V
NAME WHITE, GAIL M
STREET ADDRESS 1705 S.W. 84TH AVE.
CITY - ST - ZIP MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Apinukpinyo, Muthita
1.2 NAME
1.3 STREET ADDRESS 1533 Washington Ave
1.4 CITY - ST - ZIP miami Beach FL 33139

☐ Change ☐ Addition

2.1 TITLE White, Gail M
2.2 NAME
2.3 STREET ADDRESS 1705 SW 84th Ave
2.4 CITY - ST - ZIP miami FL 33155

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

(305) 531-3915

Date

Daytime Phone #

CR2E034 (9/96)