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

PROFIT CORPORATION ANNUAL REPORT

○ 事業の実施を発展を対象がは対象に関係できたが、実施が対象に関係できた。これは対象では、また、というなどは、また、対象には対象をよる対象を対象というなどがある。



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000016714 (4)

	N BEAR CAFE, INC.	Mailing Address			
Principal Place of Business Mailing Address  833 LINCOLN ROAD 4330 N. MICHIGAN MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 WIAMI BEACH FL 33			-		
					3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-0561917 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		City R Plate			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr		Trust Fund Contribution Added to Fees  8. This corporation has liability for integration has 199.032,
24	25	29	30	•	Florida Statutes Yes No
	g. Name and Address of Curren				10. Name and Address of New Registered Agent
HKE	S&F REGISTERED AGENT CORF	),	8	Name	10
2601 S. BAYSHORE DRIVE			8:	2 Street	et Address (P.O. Box Number is Not Acceptable)
	E 600		Ľ		or rootese (r. o. box rumber is not rootestable)
MAIM	MI FL 33133		83	3	
•			84	4 City	FL 85 Zip Code
agent. I al SIGNATURE	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Fi	orida Statute	98.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered ture required when reinstating)  DATE
12,	OFFICERS ANI		13.	gisti, signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SER, DAVID		1.2 NAME		
STREET ADDRESS	4330 N. MICHIGAN AVENUE		1.3 STREE	ET ADDRESS	is .
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-	ST-ZIP	
TITLE		[_] DELETE	2.1 TITLE		Change Addition
NAME.			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		\$
CITY-\$1-ZIP				- ST - 71P	Character T August
TITLE NAME	- I		3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS				E1 ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STREE	1 ADDRESS	s
CITY-ST-ZIP			4.4 C/TY-	ST - ZIP	<u> </u>
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	et address	s
CITY-ST-ZIP		Driete	5.4 CITY-		
TITLE	DELETE 6.11TILE			L. Change L. Addition	
NAME CTOPET ADDOCCO			6.2 NAME		
STREET ADDRESS				E1 ADDRESS	
14. I do heret	ov certify that the information supplied	d with this filing does not qual	6.4 CITY- ify for the ex	emption s	n stated in Section 119,07(3)(i), Florida Statutes. I further certify that the
informatio	in <b>indicated on this annual report or s</b>	supplemental annual report is the receiver or trustee empoy	true and acc vered to exc	curáte and	and that my signature shall have the same legal effect as if made under oath; the is report as required by Chapter 607, Florida Statutes; and that my name