

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032278 (0)

1. Corporation Name

SALAD HOUSE CAFE, INC.

Principal Place of Business

610 LINCOLN ROAD
MIAMI BEACH FL 33139
US

Mailing Address

610 LINCOLN ROAD
MIAMI BEACH FL 33139-2916
US

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

4. FEI Number

65-0608032

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

9. Name and Address of Current Registered Agent

CARSON, WAYNE
7901 S.W. 36TH STREET
SUITE 100
DAVIE FL 33328

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

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 PD
NAME MANGIAMARCHI, PEDRO
STREET ADDRESS 2020 W. MCNAB ROAD, SUITE 127
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ DELETE

TITLE VD
NAME OTERO, CARLOS
STREET ADDRESS 2020 W. MCNAB ROAD, SUITE 127
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☒ DELETE

TITLE T
NAME ROJAS, JORGE
STREET ADDRESS 2020 W. MCNAB ROAD, SUITE 127
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☒ DELETE

TITLE S
NAME PASSARIELLO, VICENTE
STREET ADDRESS 2020 W. MCNAB ROAD, SUITE 127
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ 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 T
1.2 NAME MANGIAMARCHI, ITALO
1.3 STREET ADDRESS 610 LINCOLN ROAD
1.4 CITY-ST-ZIP MIAMI BEACH, FL, 33139 ☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME MANGIAMARCHI, PEDRO
2.3 STREET ADDRESS 610 LINCOLN ROAD
2.4 CITY-ST-ZIP MIAMI BEACH, FL, 33139 ☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME PASSARIELLO, VICENTE
3.3 STREET ADDRESS 610 LINCOLN ROAD
3.4 CITY-ST-ZIP MIAMI BEACH, FL, 33139 ☒ 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 on an attachment with an address.

SIGNATURE:

Italo Mangiamarchi

6-26-97 (305) 531-5451

0190370

CR2E034 (9/96)