Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90063 033 \*\*\*158.75

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036771

1. Corporation Name .

HAMPTO	ON CAFE, INC	•						
Principal Plac	e of Business	Mailing Address	<del></del>			<b>i</b> lli <b>i i</b> tti <b>i i</b> tti	LIKU <b>a d</b> iku ( <b>bu</b> uk l	INNER IKNI KAN
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SUITE 301: SUITE 301					B0.110#11#		00105	•
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						RITE IN THIS	SPACE	
US US					3. Date Incorporated or Qualife	3		
ļ. <u></u>		1.00 10 11 11 11			05/08/1995 4. FEI Number		<del>- i</del>	-U- d Can
<u> </u>	lace of Business	2a: Mailing Address					<u> </u>	plied For
21	# -to	Suite, Apt. #, etc.			65-0652804	<del></del>	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired	<b>X</b> .	Fee Re	
City & State   City & State			<del></del> _	·	6. Election Campaign Financing	<del></del>	\$5.00	May Re
23 28					Trust Fund Contribution	' D	Added to	
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Int	tangible	
24	25	29 3	0		Personal Property Tax.	,		□ No
	9. Name and Address of Current	<del></del>			10. Name and Address of New	Registered	Agent	
			81	Name				
ZWICK, ELIAS				Street A	ddress (P.O. Box Number is Not Accep	table)		
940 LINCOLN ROAD								
1	TE 301		83					
MIAI	MI BEACH FL 33139		84	City	<u> </u>	<del></del>	85 Zip C	Code
1			\ \	-		<u>FL</u>	<b>-</b> \	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above	e-named c	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose of	changing its	registered
	egistered agent, or bour, in the State o	JI FIORIDA. QUOII CHANGE WAS AUL	Indrized by		addit 5 board of directors. I ricicby doc		manom as rog	9.000,00
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR