

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000046969 (8)**

1. Corporation Name
BLACK BEANS & RICE CAFE, INC.



Principal Place of Business
**13448 BISCAYNE BLVD. DRIVE
NORTH MIAMI FL 33181**

Mailing Address
**13448 BISCAYNE BLVD. DRIVE
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified **06/16/1995** 3a. Date of Last Report **1st report**

2. Principal Place of Business
21 **13448 Biscayne Blvd.**

2a. Mailing Address
26 **13448 Biscayne Blvd.**

23 **North Miami, FL**
City & State

27 **North Miami, FL**
City & State

24 **33181** 25 **USA**
Zip Country

29 **33181** 30 **USA**
Zip Country

4. FEI Number 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
**FRAGA, JACQUELINE S
1915 ALAMANDA DRIVE
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	FRAGA, JACQUELINE S	1.2 NAME
STREET ADDRESS	1915 ALAMANDA DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	FRAGA, LAZARO A	2.2 NAME
STREET ADDRESS	1915 ALAMANDA DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	NORTH MIAMI FL 33181	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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)(k), 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: **Jacqueline S. Fraga**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 **305 947-0407**
Date Daytime Phone #

CR2E034 (12/95)