FILE	NOW: FILING FEI	E AFTER MAY 1	IS \$225.00		
COR			PARTMENT OF STATE		=D
ANNUAL REPORT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	etary of State	FILED	
			F CORPORATIONS	May 14 1996 8:00 am	
DOCUN 1. Corporation	MENT # P950	00051507 ((8)	Secretary	of State
CAFE	CASABLANCA III, INC.				
Principal Place	of Business	Mailing Address			
100 ANSIN BLVD		100 ANSIN BLVD. HALLANDALE FL			
				3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report
2. Principal Place of Business 21 Same		28. Mailing Address 26 St4	nc.	4. FEI Number 65-0591087	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State 28	6. Election Campaign Financing Trust Fund Contribution		Added to Fees
24 <u>3300</u>			30 Breward	 8. This corporation has liability for in Florida Statutes Yes 	No
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			ess (P.O. Box Number is Not Acceptable)		
782 N.W. LEJEUNE RD.					
#533 MIAMI FL 33126			83		
			84 City		FL 85 Zip Code
SIGNATURE	Signater types of printed name registered as	plance	NOTE: Flogistered Agent signature require		019196
12. TITLE	D D D D		13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME	ZAMYATIN, SIMONE		1.2 NAME		
STREET ADDRESS	100 ANSIN BLVD. HALLANDALE FL		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	1.4 CITY - ST- ZIP 2. 1 TITLE		Change 🔲 Addition
NAME		. –	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - \$T- ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change T Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST- ZIP TITLE		DELETE	3.4 CITY - S1 - ZIP 4 1 TITLE		Change Addition
NAME		L	4.2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY - ST - ZIP		
NAME			5 1 TITLE 5.2 NAME		Change 🛄 Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
title Name		DELETE	6 1 TITLE 6 2 NAME		🛄 Change 🛄 Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
certify that oath; that I	the information indicated on this an am an officer or director of the cor	nual report or supplemental ar poration or the receiver or trus	mished and does not qualify finnual report is true and accurated empowered to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	ame lengi effect as if made under
appears in	Block 12 or Block 13 if changed, o	r on an attachment with an ad	dress.	-11	
SIGNAT	URE: AMM	OR PRINTED WAVE OF SIGNING OFFI	4	5/10/96	(305)454-8400
	V BIONATURE AND TYPED	OR PRINTED MADE OF SIGNING OFFI	CERTOR DIRECTOR	Date	Dayt-nie Phone #