CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CAFFE DEL PRATO, INC.
(P95000057128)

Mailing Address
1717 N BAYSHORE DR, SUITE 129
MIAMI FL 33132

Principal Place of Business
1344 OCEAN DRIVE
MIAMI BEACH, FL.
33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: JULY 21, 1996
3a. Date of Last Report: N/A

4. FEI Number: 65 0638227 — 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVEN FALSETTO
1717 N. BAYSHORE DR.
MIAMI, FL. 33132

10. Name and Address of New Registered Agent

81 Name: LUIS A. GASPARINI
82 Street Address (P.O. Box Number Is Not Acceptable): 1717 N. BAYSHORE DRIVE, SUITE 129
83
84 City: MIAMI FL 85 Zip Code: 33132

11. Pursuant to the provisions of Section 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: LUIS A. GASPARINI, PRESIDENT — AUGUST 2nd 1996
Signature, name of person signing as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE: PRESIDENT/SECRETARY
1.2 NAME: KURMAR DEEPAK
1.3 STREET ADDRESS: 1717 N BAYSHORE DR
1.4 CITY-ST-ZIP: MIAMI FL 33132

2.1 TITLE: VICEPRESIDENT/TREASURER
2.2 NAME: STEVEN FALSETTO
2.3 STREET ADDRESS: 1717 N BAYSHORE DR
2.4 CITY-ST-ZIP: MIAMI FL 33132

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT/TREASURER
1.2 NAME: LUIS A. GASPARINI
1.3 STREET ADDRESS: 1717 N. BAYSHORE DR. SUITE 129
1.4 CITY-ST-ZIP: MIAMI, FLA 33132

2.1 TITLE: VICE PRESIDENT/SECRETARY
2.2 NAME: GIULIANO VERZILLI
2.3 STREET ADDRESS: 1717 N. BAYSHORE DR. SUITE 129
2.4 CITY-ST-ZIP: MIAMI, FLA. 33132

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
200001920802
-08/13/96--01149--013
***225.00

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
400001920804
-08/13/96--01149--014
***8.75

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: LUIS A. GASPARINI, PRESIDENT — 08/02/96 — 305 377-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09/13/96