

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065590 (8)

1. Corporation Name

CAFE' GOURMET, INC.



Principal Place of Business

Mailing Address

% LAWRENCE F. MICHELSON
1570 MADRUGA AVENUE, SUITE 407
CORAL GABLES FL 33146

% LAWRENCE F. MICHELSON
1570 MADRUGA AVENUE, SUITE 407
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1570 Madruga Avenue

26 1570 Madruga Avenue

4. FEI Number
65-0602879

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 407

27 Suite 407

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33146

25 USA

29 33146

30 USA

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHELSON, LAWRENCE F
1570 MADRUGA AVENUE
SUITE 407
CORAL GABLES FL 33146

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 taken or printed from the registered agent and the corporation.

Signature taken or printed from the registered agent and the corporation.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MICHELSON, LAWRENCE F
STREET ADDRESS 1570 MADRUGA AVENUE, SUITE 407
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D
NAME WEINTRAUB, STEVEN R
STREET ADDRESS 1570 MADRUGA AVENUE, SUITE 407
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)