

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000065590 (8)

1. Corporation Name
CAFE GOURMET, INC.

Principal Place of Business

1570 MADRUGA AVE
SUITE 407
CORAL GABLES FL 33146
US

Mailing Address

1570 MADRUGA AVE
SUITE 407
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number

65-0602879

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7300 N. KENDALL DRIVE

Suite, Apt. #, etc.

22 # 510

City & State

23 MIAMI FL

Zip

24 33156

Country

25 US

2a. Mailing Address

26 SAME AS #2

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7300 N. Kendall Drive # 510

84 City

MIAMI

FL

85 Zip Code

33156

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

Lawrence F. Michelson

(NOTE: Registered Agent signature required when reinstating)

2/24/98

DATE

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 7300 N. Kendall Drive # 510
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 7300 N. Kendall Drive # 510
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP MIAMI, FL 33156

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

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

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

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

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.

SIGNATURE: Lawrence F. Michelson 2/24/98 305670

CR2E034 (10/97)