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 # **P95000072937 (2)**

1. Corporation Name

YOGURT CAFE, INC.

Principal Place of Business	Mailing Address
1900 GLADES RD SUITE 355 BOCA RATON FL 33431	1900 GLADES RD SUITE 355 BOCA RATON FL 33431

3. Date Incorporated or Qualified: **09/18/1995**

3a. Date of Last Report:

4. FEI Number: 65-0614593 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 6808 Palmetto Circle S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Apt 102
City & State 23	City & State 28 Boca Raton, FL
Zip 24 / Country 25	Zip 29 33433 / Country 30

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
1900 GLADES RD
SUITE 355
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Mohammed A. Haque
82 Street Address (P.O. Box Number is Not Acceptable): 6808 Palmetto Circle S.
83 Apt. 102
84 City: Boca Raton FL 85 Zip Code: 33433

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: Md. A. Hag., MOHAMMED A. HAQUE, M.H. DATE: 5/31/96

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	SCIARRETTA, STEVEN A	
STREET ADDRESS	1900 GLADES RD SUITE 355	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	☐ Change ☒ Addition
12 NAME	Mohammed Haque	
13 STREET ADDRESS	6808 Palmetto Circle S. Apt. 102	
14 CITY-ST-ZIP	Boca Raton, FL 33433	
21 TITLE	S and T, VP.	☐ Change ☒ Addition
22 NAME	Parveen Haque	
23 STREET ADDRESS	~~6808 Palmetto Circle S. Apt. 102~~	
24 CITY-ST-ZIP	Boca raton, Fl 33433	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Md. A. Hag. Mohammed A. Haque 4/9/96 (407) 392-4976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number