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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072937 (2)

YOGURT CAFE, INC.

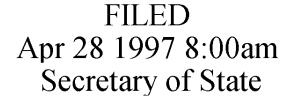
Principal Place of Business 1900 GLADES RD SUITE 355 BOCA RATON FL 33431

SIGNATURE:

Mailing Address

6908 PALMETTO CIR. S. APT. 102

BOCA RATON FL 33433-3577





								3. Date Incorporated or Qualified		ate of Last		
Principal Place of Business 2a. Mailing Address								09/18/1995 4, FEI Number	100/0	01/1996		
——————————————————————————————————————	iace or busi	HUSS	·	············				65-0614593			Applied For	
Suite, Apt #, etc.			26 Suite	Suite, Apt. #, etc.				00 00 14080			Not Applicable Additional	
22	, 0,0		27	 				5. Certificate of Status Desired			Required	
City & State	6	City &	ity & State				6. Election Campaign Financing		\$5.0	O May Be		
23			28	8				Trust Fund Contribution			d to Fees	
Ζιρ		Country	Zip	·	Count	try		8. This corporation has liability for i	ntangible	tax under	s. 199.032,	
24		25 29 30					Florida Statutes					
		and Address of Currer	nt Registered A	gent				10. Name and Address of New Re	jistered /	Agent		
HAQUE, MOHAMMED A. 6808 PALMETTO CIR. S. APT. 102 BOCA RATON FL 33433						81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83						
BOOK RATON PL 33433						~					į	
						4	City		FL	85 Zip	p Code	
11 Pursuant	to the provis	sions of Sections 607 050	2 and 607 1508	Florida Stati	utes the abo	L.L	-named co	progration submits this statement for the o	urnose of	changing	its registered	
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	Slanatura tyras	dice printed name of registered agr	no and the familian	in this	TE Projetared A		nt numerium sea	uired when reinstating)	DATE			
12.	Organization, type		D DIRECTORS		13.	Hoi	in e-Brazinic red	ADDITIONS/CHANGES TO OFFIC		DIRECTO)BS IN 12	
TITLE	P	PT/1000 D D 0 (1.3) 717 PT TO 1.2 C. C. D.		DELETE	1.1 TITLE	E	1	ADDITIONO/OFFICE TO OFFICE		Change		
NAME	HAQUE.	MOHAMMED A.			1,2 NAM	IE.	ŀ		•	•		
STREET ADDRESS		LMETTO CIR. S., APT	102				ADDRESS					
CITY-ST-ZIP		ATON FL 33433			1.4 CiTY	, ,						
TITLE	STVP			DELETE	2.1 TiTLE					Change	Addition	
NAME	HAQUE,	PARVEEN			2.2 NAM	E						
STREET ADDRESS	AND DALLETTO CID C ADT 400					2.3 STREET ADORESS			* .			
CITY - ST - ZIP	BOCA R	ATON FL 33433			2. 4 CITY							
TITLE	·			DELETE	3.1 TITLE			······································		Change	Addition	
NAME					3.2 NAM	ΙE				_		
STREET ADDRESS					3.3 STRE	FTA	ADDRESS				·	
CITY-SI-71P					3.4. CITY							
TITLE	/ er. et. ser e ve ree . s			DELETÉ	4.1 TITLE					Change	Addition	
NAME				•	4. 2 NAM			•				
STREET ADDRESS							ADDRESS					
CHY-S1-2IP					4.4 CITY		1.					
Tille				DELETE	5.1 TITLE		- 411			Change	Addition	
NAME					5.2 NAM						- Namor	
STREET ADDRESS						_	ADDRESS					
CHY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITLE		- 214			Change	Addition	
NAME				- DELLE	•					Unduge	L. Munion	
					6.2 NAM							
STREET ADDRESS							ADDRESS					
CHY-SI-ZIP	ou coetile the	at the information a =====	d mith this file -	doos est e :-	6.4 CITY			od in Castian 140 07/0V/N Figure 6:	14.35			
informatio Lam an of	n indicated fficer or dire	on this annual report or a	supplemental an the receiver or	nual report is trustee empo	true and ac	Cui	rate and th	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida S	effect as	: if made u	inder oath: that l	