

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000093519 (3)**

1. Corporation Name  
**ARENA'S CAFE, INC.**



Principal Place of Business	Mailing Address
<b>16425 COLLINS AVENUE PH16A MIAMI BEACH FL 33160</b>	<b>16425 COLLINS AVENUE PH16A MIAMI BEACH FL 33160</b>

2. Principal Place of Business	2a. Mailing Address
21 <b>12000 BISCAYNE BLVD.</b>	26 <b>12000 BISCAYNE BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>SUITE 604</b>	27 <b>SUITE 604</b>
City & State	City & State
23 <b>MIAMI - FL</b>	28 <b>MIAMI - FL</b>
Zip	Country
24 <b>33181</b>	25 <b>U.S.A</b>
	29 <b>33181</b>
	30 <b>U.S.A</b>

3. Date Incorporated or Qualified <b>12/08/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0627103</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, DISNEY  
160 E. FLAGLER ST.  
SUITE 1527  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 **DISNEY THOMPSON** **05-28-96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CARILLO, MARISA B</b>
STREET ADDRESS	<b>16425 COLLINS AVENUE PENTHOUSE 16A</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Ms. D. Carillo** **05-28-96** **305-899-9959**  
Date of Filing

CR2E034 (12/95)