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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000093519 (3)

1. Corporation Name:

ARENA'S CAFE, INC.



Principal Place of Business:

12000 BISCAYNE BLVD.  
SUITE 604  
MIAMI FL 33181  
US

Mailing Address:

12000 BISCAYNE BLVD.  
SUITE 604  
MIAMI FL 33181-2703  
US

3. Date Incorporated or Qualified: 12/08/1995  
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

65-0627103

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: CARILLO, MARISA B  
STREET ADDRESS: 16425 COLLINS AVENUE PENTHOUSE 16A  
CITY-ST-ZIP: MIAMI BEACH FL 33160

1.1 TITLE: Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP: Change Addition

TITLE: DELETED  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

2.1 TITLE: Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP: Change Addition

TITLE: DELETED  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: DELETED  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: DELETED  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: DELETED  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

14. I do 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: Mrs. D. Carillo - MARISA CARILLO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-97  
Date

305-899-9222  
Daytime Phone #

CR2E034 (9/96)