

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

**FILED**

**May 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000006739 (2)**

1. Corporation Name  
**TUTTI'S CAFE OF MIAMI BEACH, INC.**



Principal Place of Business  
**635 COLLINS AVENUE  
MIAMI BEACH FL**

Mailing Address  
**635 COLLINS AVENUE  
MIAMI BEACH FL 33139-6249**

3. Date Incorporated or Qualified  
**01/18/1996**

3a. Date of Last Report

4. FEI Number  
**65 063-9174**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent  
**GARS, IRWIN S  
- 2685 SO. BAYSHORE DRIVE STE M-103  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEWITT, MICHAEL	
STREET ADDRESS	2685 SO. BAYSHORE DRIVE STE M-103	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, KENNETH	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE UNIT 2012	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ATKIND, LEON	
STREET ADDRESS	2200 SO. OCEAN LANE UNIT 2110	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWITT, GLORIA	
STREET ADDRESS	2685 SO. BAYSHORE DRIVE STE M-103	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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; that I am a 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 changes or an appointment with an address.

SIGNATURE: \_\_\_\_\_ (305-RS-A-0023)

CR2E034 (9/96)