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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

April 29, 1998 (30x) 372-3307

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032883 (6)

MAMBOLERO - LATIN WORLD CAFE, INC.

MAMBOLERO - LATIN WORLD CAPE, INC.						
Principal Place of Business Mailing Address						
		•				
801 BRICKELI Suite 805	L KET DRIVE	601 BRICKELL KEY DRIVE SUITE 805				
MIAMI FL 331	31	MIAMI FL 33131				DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified 04/16/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0830893 Applied For
21		26				APPLIED FOR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, otc.				5. Certificate of Status Desired \$8.75 Additional
City & State		City & State				Fee Required
23		28				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country	7 _(p) Country		/	8. This corporation owes or has paid the current year Intangible	
24	25 29		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
ALLEN & GALEGO 81 Name						
	BRICKELL KEY DRIVE		1		Street Addre	ess (P.O. Box Number is Not Acceptable)
	ITE 805			82	- COCOCOTIGOR	oss (1.10. Dox Harrison to Hot Mode) and the
MIA	AMI FL 33131			83		
				В4	City	85 Zip Code
						FL S ZIP COOK
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 Horida. 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 product name of regulated about and facilit applicable. (NOT: Registered Agent's greature required when reinstating) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	☐ DELETE	1.1 (ILE		Change Addition
NAME	ALLEN, ROBERT N		1.2 NAME		}	
STREET ADDRESS	601 BRICKELL KEY DR, 805		1.3 STREET ADD			
CITY-ST-ZIP			21 1		ST - ZiP	Change Addition
TITLE NAME		□ ptttie	22 NAME			Collada Collada
STREET ADDRESS			2.3 STREE		ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 10		31-21	Change Addition
NAME			3.2 NAME		ł	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ST-ZIP	
TITLE		DELETE	4.1 TI	TLE		Change Addition
NAME			4. 2 N/			<u> </u>
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	TY-S	1 - ZIP	
TITLE	1		51 T	TLE		Change Addition
NAME			52 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	•
CITY-ST-7/P		Dreeze	5.4 CITY		IT-ZIP	
TITLE			6.1 T		}	L_ Change L_ Addition
NAME			6.2 N.			
STREET ADDRESS					ADDRESS	ļ
CITY-ST-7IP	partify that the information cumplied wit	h this filing spes not qualify			IT-ZIP	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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching of with an address.						