

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

Amended

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000033733 (2)
1. Corporation Name
1909 CAFE, INC.

97 SEP 29 11:11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5710 BIRD ROAD
MIAMI, FL 33155
Mailing Address
5710 BIRD ROAD
MIAMI, FLORIDA 33155

3. Date Incorporated or Qualified 4/15/96	3a. Date of Last Report
4. FEI Number 65-0658975	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LUCILA JIMENEZ
5710 BIRD ROAD
MIAMI, FL 33155

10. Name and Address of New Registered Agent

81 Name MARIO TREVILLA	85 Zip Code 33155
82 Street Address (P.O. Box Number is Not Acceptable) 5710 BIRD ROAD	
83 City MIAMI	

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCILA JIMENEZ 1217 GRANADA BLVD CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRES F. JIMENEZ 1217 GRANADA BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAVIER JIMENEZ 1217 GRANADA BLVD. CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRISTINA JIMENEZ 1217 GRANADA BLVD CG, FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PD MARIO TREVILLA 5710 BIRD RD MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VD AMANDA TREVILLA 5710 BIRD RD MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	SD NEISA VALLE 5710 BIRD RD MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	TD JORGE TREVILLA 5710 BIRD ROAD MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002309376-2 -10/01/97-01110-003 *****70.00 *****70.00
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/97

Daytime Phone #

CR2E034 (9/96)