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Secretary of State

02-24-1999 90009 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

613131-90013-29

DOCUMENT # P96000040858

1. Corporation Name
CAFE RITMO INC.

Principal Place of Business	Mailing Address
900 OCEAN DR MIAMI BEACH FL 33139 US	POST OFFICE BOX 415781 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 05/10/1996

4. FEI Number: 65-0670410 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZILINSKI, STANLEY H
1075 NE 89TH STREET P.O. BOX 19452
MIAMI SHORES FL 33138 Miami Beach FC. 33119
900 OCEAN Drive
Miami Beach, FL 33139

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 Stanley H. Zilinski RES 1/3/99
Signature, typed or printed name of registered agent and title 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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZILINSKI, STANLEY H	1.2 NAME	
STREET ADDRESS	6969 COLLINS AVENUE, APT. 803 PO BOX19452	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141 Miami Beach, FC 331	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUZMAN, CLARA	2.2 NAME	
STREET ADDRESS	6969 COLLINS AVENUE, APT. 803	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	CINDY MAXION ☐ DELETE SEC	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS	PO BOX 19452	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FC 33119	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Stanley H. Zilinski STANLEY H. ZILINSKI 1/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #