

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**  
09-09-1999 90007 033 \*\*\*550.00

**DOCUMENT # P96000048819**  
Corporation Name  
**CAFE BELLINO, INC.**

Principal Place of Business  
**100 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33432**

Mailing Address  
**180 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
100 SOUTH FEDERAL HIGHWAY BOCA RATON FL 33432		26 <b>PO BOX 1844</b>		06/07/1996	
Suite, Apt. #, etc.		27 <b>BOCA RATON</b>		4. FEI Number	
City & State		28 <b>FL</b>		65-0686123	
Zip		29 <b>33429</b>		Applied For	
Country		30 <b>USA</b>		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes the current year	
<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Trust Fund Contribution		Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POSTELNEK, MARC ESQ 407 LINCOLN ROAD #11-B MIAMI BEACH FL 33139		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	
		85 Zip Code	

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 reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME		1.2 NAME			
3. STREET ADDRESS		1.3 STREET ADDRESS			
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP			
5. NAME		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		2.2 NAME			
7. STREET ADDRESS		2.3 STREET ADDRESS			
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP			
9. NAME		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		3.2 NAME			
11. STREET ADDRESS		3.3 STREET ADDRESS			
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP			
13. NAME		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		4.2 NAME			
15. STREET ADDRESS		4.3 STREET ADDRESS			
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP			
17. NAME		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		5.2 NAME			
19. STREET ADDRESS		5.3 STREET ADDRESS			
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP			
21. NAME		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		6.2 NAME			
23. STREET ADDRESS		6.3 STREET ADDRESS			
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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.

**SIGNATURE REQUIRED**

CR2E034 (5/99)