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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000051570 (5)

1. Corporation Name
POST HASTE CAFE, INC.



Principal Place of Business
1450 RIVERLAND ROAD
FT. LAUDERDALE FL 33312

Mailing Address
1450 RIVERLAND ROAD
FT. LAUDERDALE FL 33312-3928

3. Date Incorporated or Qualified
06/14/1996

3a. Date of Last Report
6-14-96

2. Principal Place of Business

2a. Mailing Address

21 4475 Sheridan St.

26 1450 Riverland Rd.

4. FEI Number

765-0670691

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hollywood 71.33021

27 Ft. Lauderdale 71.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

24 33021 Broward

29 33312 Broward

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALSINA, LUIS ENRIQUE
1450 RIVERLAND ROAD
FT. LAUDERDALE FL 33312

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 607.1508, 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME URBISTONDO, MILDRED M
STREET ADDRESS 1450 RIVERLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

1.1 TITLE Change Addition

TITLE DVS
NAME ALSINA, LUIS ENRIQUE
STREET ADDRESS 1450 RIVERLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DT
NAME ALSINA, LUIS JAVIER
STREET ADDRESS 3361 S.W. 20TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33312

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: Mildred M. Urbistondo PD 1-7-97 (954) 5840708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)