

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000051570 (5)

1. Corporation Name
POST, HASTE CAFE, INC.

Principal Place of Business

4475 SHERIDAN ST
HOLLYWOOD FL 33021
US

Mailing Address

1450 RIVERLAND RD
FT. LAUDERDALE FL 33312
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1996

FEI Number

65-0670691

Applied For
Not Applicable

2. Principal Place of Business
21 1450 Riverland Rd
Suite, Apt. #, etc.
22 FT LAUD. FL 33312
City & State
23 Florida
Zip
24 33312
Country
25 Brown

2a. Mailing Address
26 1450 Riverland Rd
Suite, Apt. #, etc.
27 FT LAUD. FL
City & State
28 33312 Brown
Zip
29 33312
Country
30 Brown

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CESAR C Colon
82 Street Address (P.O. Box Number is Not Acceptable)
83 6140 NW 32ND WAY
84 FT LAUDERDALE FL
City FL 85 33021

11. Pursuant to the provisions of Sections 607.0535 and 607.1508 Florida Statutes, the undersigned 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 607.0535, Florida Statutes.

SIGNATURE Mildred H. Urbistondo
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-21-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	URBISTONDO, MILDRED M	
STREET ADDRESS	1450 RIVERLAND ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	ALSINA, LUIS ENRIQUE	
STREET ADDRESS	1450 RIVERLAND ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ALSINA, LUIS JAVIER	
STREET ADDRESS	3361 S.W. 20TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	CESAR C. Colon	<input type="checkbox"/> DELETE
NAME	CESAR C. Colon	
STREET ADDRESS	6140 NW 32ND WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Mildred M Urbistondo (950) 5840708

CR2E034 (10/97)