

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

0215278

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067448

1. Corporation Name  
SANDS CAFE CORPORATION

Principal Place of Business  
8586 S.W. 8TH STREET  
MIAMI FL 33144

Mailing Address  
8586 S.W. 8TH STREET  
MIAMI FL 33144

FILED

99 JUL -6 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0701324	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUIZ, MARIA E 8586 S.W. 8TH STREET MIAMI FL 33144		Elizabeth TALavera 8586 SW 8th St. MIAMI FL 33144	

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: *Elizabeth Talavera* DATE: 6/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	NAME
NAME	STREET ADDRESS	12 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	13 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	14 CITY-ST-ZIP	NAME
NAME	STREET ADDRESS	21 TITLE	NAME
CITY-ST-ZIP	CITY-ST-ZIP	22 NAME	STREET ADDRESS
TITLE	NAME	23 STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	24 CITY-ST-ZIP	NAME
CITY-ST-ZIP	CITY-ST-ZIP	31 TITLE	NAME
TITLE	NAME	32 NAME	STREET ADDRESS
NAME	STREET ADDRESS	33 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	34 CITY-ST-ZIP	NAME
TITLE	NAME	41 TITLE	NAME
NAME	STREET ADDRESS	42 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	43 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	44 CITY-ST-ZIP	NAME
NAME	STREET ADDRESS	51 TITLE	NAME
CITY-ST-ZIP	CITY-ST-ZIP	52 NAME	STREET ADDRESS
TITLE	NAME	53 STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	54 CITY-ST-ZIP	NAME
CITY-ST-ZIP	CITY-ST-ZIP	61 TITLE	NAME
TITLE	NAME	62 NAME	STREET ADDRESS
NAME	STREET ADDRESS	63 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	64 CITY-ST-ZIP	NAME

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 registered 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: *Elizabeth Talavera* DATE: 6/17/99

CR2E034 (11/98)

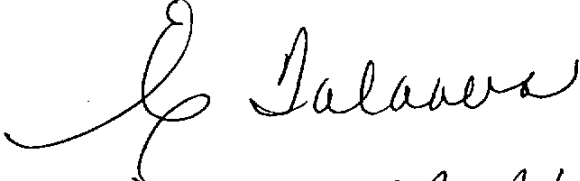
6/17/99

To: Florida Dept of STATE  
Re: Sands Cafe Corporation

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Please find enclosed #1011 for \$150. Please  
Abate the late filing fee as the business  
was purchased recently and the old owner  
failed to give this form to us, the new  
owner.

Yours Truly

  
Elizabeth Tavera