

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

FILED

Sep 23 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 # P96000073075 (9)

1. Corporation Name
4 X 4 CAFE, INC.



Principal Place of Business 6855 EDGEWATER DRIVE APT 2D MIAMI FL 33133	Mailing Address 6855 EDGEWATER DRIVE APT 2D MIAMI FL 33133-7040
---	--

3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 250 CATALONIA AVE Suite, Apt. #, etc. 22 605 City & State 23 MIAMI, FL Zip 24 33134	2a. Mailing Address 26 250 CATALONIA AVE Suite, Apt. #, etc. 27 605 City & State 28 MIAMI, FL Zip 29 33134	30 USA
---	--	---------------

4. FEI Number 65-0698584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARTAYA, RINALDO J 6855 EDGEWATER DRIVE APT 2D MIAMI FL 33133	
--	--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 650 CATALONIA AVE 83 SUITE 605 84 City MIAMI		85 Zip Code 33134
--	--	------------------------------------

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  9-14-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CARTAYA, RINALDO J	
STREET ADDRESS	6855 EDGEWATER DR, APT 2D	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, DIANA J	
STREET ADDRESS	6855 EDGEWATER DR, APT 2D	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RINALDO J. CARTAYA	
1.3 STREET ADDRESS	6855 EDGEWATER DR, APT 2D	
1.4 CITY-ST-ZIP	MIAMI, FL 33133	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAMIRO R. BERTOT	
2.3 STREET ADDRESS	9920 SW 27 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HECTOR GONZALEZ	
3.3 STREET ADDRESS	8220 SW 43 RD STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input 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 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 in an appointment with an address.

SIGNATURE  9-14-97 3:50 PM 7-71

CR2E034 (9/96)