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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 23 1997 8:00am Secretary of State

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L'OPERA CAFE-SEMINOLE CENTER, INC.

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Principal Place of Business	Mailing Address		( 1001/001 479 (01/3 0)(1) 40(1) 40(1) 50(1) 60	hini tagas great assan nishi ætan séan
3951 S. PLAZA DR. #260 SANTA ANA CA 92704	3951 S. PLAZA DR. <i>#2</i> 60 Santa ana ca 82704-7435	i		
			3. Date Incorporated or Qualified 09/11/1996	3a, Date of Last Report
2. Principal Place of Business	N9 2a. Mailing Address	_	4. FEI Number	Applied For
21 325 Town Center Cu	rde 26 115 Pine	Ave	59 3403637	Not Applicable
Suite, Apt. #, etc.  Sanford , FL	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	City & State  28 Long Beau	ch CA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip = 0	Country	8. This corporation has liability for int	
24 32771 25 USF		30 USA		Yes No
	of Current Registered Agent	Od None	10. Name and Address of New Regi	stered Agent
CT CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND F	ROAD	82 Street Add	et Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			- · · · · · · · · · · · · · · · · · · ·	
		83		
		84 City		FL 85 Zip Code
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agent. I am familiar with, and accept.  SIGNATURE  Signarize: Spead or pointed mane or re.  12. OFFIC		rida Statutes.  Registered Agent signature requ	aulted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12
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4. To hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Fluriner certify that the information indicated on this annual report or suppliemental 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 perportation 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 3 if phanged, or of the perportation of the composition of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if phanged, or of the perport of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: 4

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

Jan 13 1997

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