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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091645 (7)

PETER'S CAFE, INC.

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SAES OW	10771	ALC	CTC	99

Mailing Address

FILED Jun 09 1997 8:00am Secretary of State



	50 8W 197TH AVE. : AMI FL 33175	STE 226	2450 SW 137TH AVE. ST MIAMI FL 33175-6332	E 226										
							3. Date Inco	prporated or Q	ualified	3a. Da	te of La	st Report		
ь	Principal Place of I	pal Place of Business 2a. Mailing Address						4. FEI Numb			1		Applied For	
21	Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.	Suite Apl # etc							Not Applicab	le l		
22	Conto, to the my oto.	27		 1			5. Certificate	e of Status Des	ired			5 Additional Regulred		
23	City & State		City & State	City & State				Campaign Fina d Contribution	ncing		\$5.00 May Be Added to Fees			
24	Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,						
24	9. N	25 ame and Address of Curr	· · · · · · · · · · · · · · · · · · ·				Florida Statutes X Yes No Name and Address of New Registered Agent					4		
	RODRIGUE				81	Name		IV. Haille all	u Auuress OI	נטא ווטא	Aletelen V	Agent		
10885 SW 52ND DRIVE											_			
MIAMI FL 33165					82	Street	Address	s (P.O. Box N	umber is Not A	cceptab	(O)			
4					83									ヿ
					84	City						85 Z	ip Code	
44	Purcuent to the pr	ovisions of Castions 6000	500 and 507 45 00 51-11-1 Dec		_].						<u>FL</u>			
11	11. Pursuant to the provisions of Sections 697,0502 and 607,1506, 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 any accept the obligations of Section 607,0505, Florida Statutes.								3					
		ar with any accepting on	igations of Section 607.0505, FI	lorida Stati	ites.				4	2/10	10,-	,	_	
SIC	SNATURE Signature.	ypod or printed name of registered a	agent and the if applicable (NO)	TE: Registered	Agen	nt signatura	e required w	hen reinstating)		(1)	7DATE			
12		OFFICERS A	ND DIRECTORS	13.				ADDITION:	CHANGES T	OFFIC	ERS AND	DIRECT	ORS IN 12	9
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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 eliminal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this 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 3 if manged, or on an attachment with an address.