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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093552

1. Corporation Name

MADISON COFFEE SHOP AND RESTAURANT INC.

WINDIOU	N COFFEE SHOP AND THE	/IAQHANI NO						
Principal Place	e of Business	Mailing Address				I SUNSTINUE SEN TORES DITEL OURSE OURSE BUILT DES	10 IDIDE (IIDI DILE)	Brita ziat tadi
8410 WEST FLAGLER STREET 8410 WEST FLAGLER STREE						•		
SUITE 208 SUITE 208						DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33144 MIAMI FL 33144						3. Date incorporated or Qualifed		
						11/12/1996		-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						65-0712457	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_5Certifcate of Status Desired	-\$8.75.	I
27							Fee Re	<u></u>
City & State City & State						6. Election Campaign Financing	\$5.00 Added t	
23 28 Zip Zip Zip			Country			Trust Fund Contribution		o rees
Zip	Country 25	29 30				This corporation owes the current year- Personal Property Tax.	muangible ☐ Yes •	ZINO
24	9. Name and Address of Currer		<u>' </u>			10. Name and Address of New Registere		7
			81	Name	•			
RAMIREZ, JORGE				Street	t Addres	s (P.O. Box Number is Not Accentable)		
8410 WEST FLAGLER STREET			62	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 208			83					
MAIM	AII FL 33144		84	City			. 85 Zip (Code
				,		ation submits this statement for the purpose	L	
agent, I a	agistered agent, or doth, in the State in familiar with, and accept the obligation of registered age.	tions of, Section 607.0505, Florida	Statutes	•		s board of directors. I hereby accept the app then reinstating)		<u></u>
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	RAMIREZ, JORGE	OLUTE AAA	1.2 NAME		_			
STREET ADDRESS	8410 WEST FLAGLER STREET	, SUITE 208	1.3 STREE		S			}
CITY-ST-ZIP	MIAM! FL 33144	☐ DELETE	1.4 CITY-S 2.1 TITLE	T- ZIP	+		☐ Change	Addition
TITLE		C) better	22 NAME			•		
NAME STREET ADDRESS			2.3 STREE	TADORESS	s			
CITY-ST-ZIP		_	2:4 CITY-S		-		است ۱۰ سب	
TITLE		☐ DELETE	3.1 TITLE		1		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORES	s			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	_			
TITLE	1	☐ DELETÉ	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE		s			
CITY-ST-ZIP		□ nci ctc	4.4 CITY-S	T- ZIP			Change	Addition
TITLE	· !	☐ DELETE	5.1 TITLE 5.2 NAME				□ cuange	C vagurou
NAME			5.3 STREE					
STREET ADDRESS			5.4 CITY-S		٦			
CITY-ST-ZIP	-31-24		6.1 TITLE	1- TIL.	+		Change	Addition
TITLE			6.2 NAME					
NAME ethert anoncee			6.3 STREE	T ADDRESS	s			

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 of 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 planged, or on attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS