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Mar 03 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 # P96000096446 (5)

1. Corporation Name
CAFE PRIMOLA, INC.



Principal Place of Business
~~C/O ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES FL 33134~~

Mailing Address
C/O ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD., SUITE 505
CORAL GABLES FL 33134-3035

3. Date Incorporated or Qualified
11/26/1996

3a. Date of Last Report

2. Principal Place of Business
21 13200 Biscayne Blvd.

2a. Mailing Address

4. FEI Number
65-0711326

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Arch Creek Mall #8

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
North Miami, FL.

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33181

25 Country
Dade

29 Zip
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, JOSE M | 1.2 NAME | |
| STREET ADDRESS | 1636 VICENTE LOPEZ | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BUENO AIRES, ARGENTINA | 1.4 CITY - ST - ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASSO PEREZ, MARIA D | 2.2 NAME | |
| STREET ADDRESS | 1636 VICENTE LOPEZ | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BUENO AIRES, ARGENTINA | 2.4 CITY - ST - ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORCINO, NORBERTO | 3.2 NAME | |
| STREET ADDRESS | 850 IVES DAIRY RD. SUITE T-64 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH MIAMI FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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, changed, or on an attachment with an address.

SIGNATURE: Jose M. Perez, President 2/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me Fl one # 0003107

CR2E034 (9/96)