

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000096446 (5)**

1. Corporation Name  
**CAFE PRIMOLA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13200 BISCAYNE BLVD  
 ARCH CREEK MALL, #8  
 NORTH MIAMI FL 33181  
 US

G/O ERNESTO GONZALEZ P.A.  
 814 PONCE DE LEON BLVD., SUITE 505  
 CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Jose Maria Perez  
 2136 Harbor Way #272

22 City & State

27 City & State  
 28 Aventura, Fl

23 Zip Country

29 33180 Country  
 30 USA

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

65-0711326

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Mr. Jose Maria Perez  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2136 Harbor Way #272  
 83  
 84 City Aventura FL 85 Zip Code 33180

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

JOSE M. PEREZ, PRESIDENT

5/19/98

(Signature must be printed or produced name of registered agent and title if applicable.)

(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 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 on an attachment with an address.

SIGNATURE:

5/19/98

CR2E034 (10/97)