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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

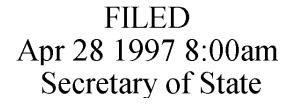
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MIMI'S ISLAND DELI, INC.

Principal Place of Business

Mailing Address

84341 OVERSEAS HIGHWAY ISLAMORADA FL 33036 84341 OVERSEAS HIGHWAY





			3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Addres	S		4. FEI Number		Applied For
21 26			65-01854	2	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, et	tc.		5. Certificate of Status Desired	X \$8.75	Additional
22 27			b. Certificate of Status Desired	Fee Fee	Required
City & State City & State			6. Election Campaign Financing	\$5.0	D May Be
23 28		***************************************	Trust Fund Contribution	☐ Adde	to Fees
Zip Country Zip	c	Country	8. This corporation has liability for		s. 199.032,
24 25 29	30			Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
COX, MIMI		81 Name			
84341 OVERSEAS HIGHWAY		82 Street Address (P.O. Box Number is Not Acceptable)			
ISLAMORADA FL 33038					
		83			
•		04 00		last 7	0-4-
		84 City		FL 85 Zi	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change	e was author	ized by the corporati	oration submits this statement for the pon's board of directors. I hereby acce	purpose of changing pt the appointment a	its registered is registered
agent I am familiar with, and accept the obligations of, Section 607.05	05, Florida S	Statutes.	•		-
SIGNATURE			AAIB NI_LEVILE 110 120 120 120 120 120 120 120 120 120		4
Signature, typed or printed name of registered agent and trib if applicable		slered Agent signature require		DATE	SDO II. 40
12. OFFICERS AND DIRECTORS THUE 0 DELE		13.	ADDITIONS/CHANGES TO OFFIC	CHS AND DIRECTO	
——————————————————————————————————————		.1 TITLE		Do Criang	LI AUGINON
NAME COX, MIMI		.2 NAME	مراك الماماء الماماء	• .	
STREET ADDRESS 101 VENETIAN DRIVE	1.	.3 STREET ADDRESS	20 Naufilus Dri	ve.	
CITY-ST-ZIP ISLAMORADA FL 33036		.4 CITY - ST - ZIP			11448
TITLE DELE		LI TITLE		Change	Addition
NRME	2	2 NAME			
SHEET ADDRESS	2.	3 STREET ADDRESS			
C (Y+S1+7/P		. 4 CITY - ST - ZIP			
THE DELE	TE 3	IN TITLE		L. Change	Addition
NAME	3	2 NAME			
STHEET ADDRESS	3	3 STREET ADDRESS			
C) (Y + ST + ZIP	3	4. CITY - ST - ZIP			
	TE 4	1 TITLE		Change	Addition
TITLE DELE					
TITLE DELE		. 2 NAME			
	4	2 NAME 3 STREET ADDRESS			
NAME	4				
NAME STHEET ADDIRESS	4 4	3 STREET ADDRESS		Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP	4 4 4 TE 5	3 STREET ADDRESS 4 City-St-Zip	· .	Change	Addition
NAME STHEET ADDRESS CITY - ST - ZIP TRUE DELE	4 4 4 TE 5	3 STREET ADDRESS 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME STHEET ADDRESS CITY-SY-ZIP TIGGE NAME STHEET ACORESS	4 4 4 4 5 5 5 5 5	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	·	☐ Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP TIBLE NAME STREET ADDRESS CITY - ST - ZIP	4 4 4 4 5 5 5 5 5 5 5	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME		☐ Changi	
NAME STREET ADDRESS CITY-SY-ZIP TINLE NAME STREET ADDRESS CITY-ST-ZIP TINLE DELE	4 4 4 4 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP			
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NAME STREET ADDRESS CITY- SY-ZIP TINLE NAME STREET ADDRESS CITY- ST-ZIP TINLE DELE	4 4 4 4 5 5 5 5 5 5 5 5 6 6 6 6 6	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP			