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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Be Mortham

ANNU	JAL REPORT 1998		Secretai	Mortham ry of State CORPORATIONS	Secretary	of State
	MENT # P97(COFFEE BAR II, INC.	0000232	285 (4)			(1886 Tillis (1881 1885 STA 1881
Delegio el Olego		B A - Ni	Addison	*****		
Principal Place	e of Business	Mailing				
THE FALLS 8888 S.W. 136TH STREET MIAMI FL MIAMI FL				T •	DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mail	ing Address		03/14/1997 4. FELNumber	Applied For
11 26					63.073 5005	Not Applicable
			e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City 28	& State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of C				10. Name and Address of New Registers	
MA	ARKO, DAVID EVERETT			81 Nan		
ONE BISCAYNE TOWER 82 Street					ldress (P.O. Box Number is Not Acceptable)	
	BISCAYNE BLVD., SUITE 26	600		83		
ΜV	AMI FL 33131			83		
				84 City	F	85 Zip Code
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida St	ich change was a	uthorized by the c	orporation submits this statement for the purpose pration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	Signature typed or printed name of register			. Registered Agent signa		
12.	D OFFICE I	IS AND DIRECTOR	S DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HAIK, ROBERT		beer it	1.2 NAME		יים סוביונט ביים אמטיוטוו
STREET ADDRESS	2575 S. BAYSHORE DR.	APARTMENT 3	-B	1.3 STREET ADDRES		
CITY-ST-ZIP	COCONUT GROVE FL 3			1.4 CitY-ST-ZiP		
TITLE			☐ DELFTE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2 3 STREET ADDRES		
CITY-ST-ZIP (DELETE	2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
NAME I			FT OFFE IE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS				3.3 STREET ADDRES		
CITY-ST-ZIP				3.4. CITY-ST-ZIP	,	
TITLE		······································	DELETE	41 TITLE		Change Addition
NAME]				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRES		
CITY-ST-ZIP			-	4.4 CITY-ST-ZIP	·	
TITLE			☐ DELFTE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRES		
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE		Change Addition
NAME			Ditti	6.2 NAME	3000025501	
STREET ADDRESS	A			6.3 STREET ADDRES	3000025501 -06/08/98010060	או או פסס

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 Statules. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or fin an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

***150.00

FILED

Jun 05 1998 8:00am