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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000036170 (3)

CAFE BISTRO COFFEE SHOP, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Plac	e of Business	Maiing Address			·
	IND ST STE 101	503 CLEVELAND ST STE 101			
CLEARWATER	1 FL 34013	CLEARWATER FL 34615		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				04/21/1997	
2. Principal P	Place of Business	2a. Mailing Address	1 1 1	4. FEI Number	Applied For
ai <i>エの</i> て (CICUMIANS St.	26 FOR CHIE	halst.	· "	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$9.75 Additional
22 5011	K 101 .	27 Syste 10	1	5. Certificate of Status Desired	Fee Required
City & State	B. 1	Git & State	4-1	6. Election Campaign Financing	\$5.00 May Be
23 CICAX	CUATAS H.	28 CAMINATES	R I-1.	Trust Fund Contribution	
و در ۱۵۰۰	Country	J. S.	Country	a. This corporation owes or has paid to	
243544	~ 5 ≈ 0.5 \approx	29 5 3 7 5 30	DSA.	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current I			10. Name and Address of New Regist	ered Agent
RE.	AUREGARD, EMMANUEL		81 Name		
TOO OF THE LAND OF OTH 104				(D.C. Double show in New Assessments)	
CLEARWATER FL 34615			82 Street Address (P.O. Box Number is Not Acceptable)		
OLI	CAMAIGH I E 04010		83		
			84 City		AP 7:p Code
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes, th	ne above-named corp	poration submits this statement for the purp	ose of changing its registered
office or re agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligation	-Florida. Such change was autho ons of. Section 607.0505. Florida	orized by the corporat Statutes.	ion's board of directors. I hereby accept th	e appointment as registered
SIGNATURE		,			
	Signature, typed or printed name of registered agent a		istered Agent signature requir		DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICER:	
TITLE	PYD		1.1 TITLE		Change Addition
NAME	BEAUREGARD, EMMANUEL		1.2 NAME		
STREET ADDRESS	500 N OSCEOLA #6BSTE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP		
TITLE	VSD		2.1 TITLE		☐ Change ☐ Addition
NAME	BEAUREGARD, PIERRE	1	2.2 NAME		
STREET ADDRESS	522 RUE CHERRIER		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, CANADA		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		j	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		1	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ľ			6.4 CITY-ST-ZIP		
CITY - ST - ZIP			D,4 UHT-51-21P		

14. Thereby 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 suppliended 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 control of the receiver of trustee empowered to execute this report is equivided by Shapter 607, Florida Statutes; and that my name appears in Block 12 or Glock 13 instrument, or on an arrest mental with an address