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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000038636
1 Corneration Name '	. 0.00000000

ELSA'S CAFE, INC.

Principal Place	of Business	Mailing Address					
8025 NW 36 ST MIAMI FL 33166		B025 NW 36 STREET STE 31 MIAMI FL 33166	13			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						04/30/1997	
2 Principal Pl	ace of Rusiness	2a. Mailing Address				4. FEI Number Applied For	
——————————————————————————————————————						65-0766942 Not Applicable	
Suite, Apt. i	¥ etc	Suite, Apt. #, etc.	-			_ \$8.75 Additional	
22	,, 5.0.	27				5. Certificate of Status Desired Fee Required	
City & State)	City & State				6- Election Campaign Financing \$5.00 May Be	
23		28			- ,	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible	
24	25	29	0			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
•	CADO, MARIA E		-	82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	NW 36 STREET STE 313		Ĺ				
MIAM	MI FL 33166			83			
. •		•	-	84	City	85 Zip Code	
•		•		- 1	•	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 Waru Case Management of the purpose of changing its registered of the purpo							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered /	Agent	signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 1111	LE		☐ Change ☐ Addition	
NAME	MERCADO, MARIA E		1.2 NA	ME			
STREET ADDRESS	8025 NW 36 STREET STE 313		1.3 STREE				
CITY-ST-ZIP	MIAMI FL 33166	C BELETE	1.4 CIT		ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	2.1 TITLE			Change Discontinuity	
NAME			2.2 NA				
STREET ADDRESS					ADDRESS	i	
CITY-ST-ZIP	·	☐ DELETE	2. 4 CIT		-ZIP	☐ Change ☐ Addition	
TITLE		☐ OETE (C	3.1 TITLE			Contained	
NAME			3.2 NA				
STREET ADDRESS			1		ADORESS		
CITY-ST-ZIP		DELETE	3.4. C/I 4.1 T/I		-219	☐ Change ☐ Addition	
TITLE			4, 2 NA				
NAME					ADDDESS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TITI		- 4115	☐ Change ☐ Addition	
			5.2 NA				
NAME OTDEET ADDRESS					ADDRESS		
STREET ADDRESS			5.4 CIT		I		
CITY-ST-ZIP TITLE		DELETE	6.1 TIT		- +	☐ Change ☐ Addition	
			6.2 NA				
NAME					ADDRESS		
STREET ADDRESS			0.00		710		

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: