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

PROFIT **CORPORATION** ANNUAL REPORT



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # 1. Corporation Name P97000043882 (4) CAFE CAFE FOUNTAINS, INC.

Principal Place of Business C/O LEON J. WOLFE. ESO

MIAMI FL 33131-2130

Mailing Address

C/O LEON J. WOLFE, ESO. 100 SOUTHEAST SECOND STREET STE 3500

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



100 SOUTHEAST SECOND STREET STE 3500 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-2130 MIAMI FL 33131-2130 3. Date Incorporated or Qualified 05/19/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-0764730 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WOLFE, LEON J C/O BERMAN WOLFE & RENNERT, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 100 SOUTHEAST SECONDT STREET STE 3500

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.

83

84 City

SIGNATURE Signature, typed or printed name of region and algor and allest applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 TITLE ALPER, SUSAN 1.2 NAME 3600 YACHT CLUB DRIVE, UNIT 1802 STREET ADDRESS 13 STREET ADDRESS **AVENTURA FL 33180** 1.4 CITY - ST - 7IP CITY-ST-7IP TITLE DELETE 2.1 TITLE Change Addition LAMONDIN, RICHARD 2.2 NAME NAME 21019 POINT PLACE STREET ADDRESS 2.3 STREET ADDRESS **AVENTURA FL 33180** 2.4 CITY - S1 - ZIP CITY - \$T - 2IP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 is 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 is frue 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 acciver or utstee 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, because all an address.

SIGNATURE:

30/80

Zip Code