

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90104 048 ***150.00

DOCUMENT # **P97000069834**

1. Corporation Name
CAFE D'CREST, INC.

Principal Place of Business
1666 JAMES AVENUE
MIAMI BEACH FL 33139
US

Mailing Address
2121 DOUGLAS ROAD
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0799673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, MARIA N
2121 DOUGLAS ROAD
MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPST ☐ DELETE
NAME PENEZ, MARIA
STREET ADDRESS 1666 JAMES AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME zaraga, Daniel Perez
1.3 STREET ADDRESS 7585 School house Rd.
1.4 CITY-ST-ZIP Miami FL 33143

TITLE P ☐ DELETE
NAME PEREZ, PRISCILLA
STREET ADDRESS 1666 JAMES AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE President + Treasurer ☒ Change ☐ Addition
2.2 NAME Perez, Fidel A.
2.3 STREET ADDRESS 1785 Fairhaven Place
2.4 CITY-ST-ZIP Miami, FL 33133

TITLE VP ☐ DELETE
NAME PEREZ, CHASTITYT
STREET ADDRESS 1666 JAMES AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME Revilla, Henry
3.3 STREET ADDRESS 7844 SW 88th court
3.4 CITY-ST-ZIP Miami, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Vice President + Secretary ☒ Change ☐ Addition
4.2 NAME Cruz, Victor
4.3 STREET ADDRESS 15110 Saxon circle
4.4 CITY-ST-ZIP N Ft Lauderdale, FL 33331

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIDEL A PEREZ

DATE

Daytime Phone #

3-26-99

305.531-0321

CR2E034 (11/98)

0218137