

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
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DOCUMENT # **P97000073088 (1)**

1. Corporation Name

CAFE 27 CAFETERIA, CORP.

Principal Place of Business

**88-WEST 32ND STREET
HIALEAH FL 33010**

Mailing Address

**88-WEST 32ND STREET
HIALEAH FL 33010**

2. Principal Place of Business

299 WEST 27 ST

Suite, Apt. #, etc.

22

City & State

HIALEAH FL

Zip

33010

Country

USA

2a. Mailing Address

299 W 27 ST

Suite, Apt. #, etc.

27

City & State

HIALEAH FL

Zip

33010

Country

30

USA

9. Name and Address of Current Registered Agent

**LOPEZ, NELAIDA
88 WEST 32ND STREET
HIALEAH FL 33010**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

65-0776131

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

7. Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME PD LOPEZ, NELAIDA 88 WEST 32ND STREET HIALEAH FL 33010	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
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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.

CR2E034 (10/97)

FILED
May 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

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4/20/98 88-6777