

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077371.
1. Corporation Name

KAREN CAFETERIA & ICE CREAM, INC.

Principal Place of Business 1608 S.W. 4 Street #4 Miami Florida 33135	Mailing Address 1608 S.W. 4 Street #4 Miami Florida 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1932 West 60 Street Suite, Apt. #, etc. 22 City & State 23 Hialeah Florida Zip 24 33012	2a. Mailing Address 26 580 West 78 Street Suite, Apt. #, etc. 27 City & State 28 Hialeah Florida Zip 29 33014	Country 25 Miami-Dade 30 Miami-Dade	3. Date incorporated or Qualified 09/05/1997	4. FEI Number 65-0781181	Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MORENO, RAMON
1608 S.W. 4 Street #4
Miami Florida 33135

10. Name and Address of New Registered Agent

81 Name JULIA DANIEL
82 Street Address (P.O. Box Number is Not Acceptable) 580 West 78 Street
83
84 City Hialeah
FL 85 Zip Code 33014

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]* JULIA DANIEL APRIL 27, 1998
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	
TITLE P NAME MORENO, RAMON STREET ADDRESS 1608 SW 4 St #4 CITY-ST-ZIP Miami-Florida 33135	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME DANIEL, JULIA 1.3 STREET ADDRESS 580 West 78 Street 1.4 CITY-ST-ZIP Hialeah Florida 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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.