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

DOCUMENT # P97000085306 (3)

CAFE BUENA VISTA OF MIAMI SHORES, INC.

E FRANKONE NIE JERFE ABOK DOKKE GOMM OORM DOMM NOME NAME AND MAAN DOM OOR

FILED

May 08 1998 8:00am

Secretary of State

ON E BULIAN VIOTA OF IMINIVII OFFICIES, INC.									
Principal Pied	oe of Business	Mailing A	Mailing Address						
130 NE 40TH STREET #8			130 NE 40TH STREET #8						
MIAMI FL			MIAMI FL					DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified 10/02/1997
	ncipal Place of Business lite, Apt. #, etc. y & State		2a. Mailir	ng Address					4. FEI Number Applied For
Suite, Apt. #, etc.			26						1 Tot Applicable
	. #, etc.	} 1	, Apt. #, etc.					5. Certificate of Status Desired Security Securi	
City & State			27	City & State					
 -			├ ──						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		7(p				·v		8. This corporation owes or has paid the current year Intangible
24	├ ──┐		<u></u>	29 30		, , , , , , , , , , , , , , , , , , ,			Personal Property Tax due June 30. Yes No
64		d Address of Currer		Agent	00	7			10. Name and Address of New Registered Agent
FF	4.		<u> </u>			81	Nam	6	
			SE SHITE						(0.0.0.11)
		OL OONL			82	Stree	et Addre	ess (P.O. Box Number is Not Acceptable)	
****	Tuni, TE 00101					83			4
						84	City		■ 85 Zip Code
							•		FL T T
11. Pursuant	to the provisions	s of Sections 607.050 or both, in the State	2 and 607.150 of Florida, Suc	8, Florida Statu ch change was	ites, the	above ed by	e-name	ed corpo	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent.] s	am f a miliar with.	and accept the oblig	ations of, Sect	on 607.05 05 , F	lorida St	tatutes	i i i o o o	or por title	iona bound of amounds. Theroby absort the appearance to registered
SIGNATURE	13/11/	Hal Charles	4 1/201	Person	1				
····	Stanature, typed or fa	inted fame of registered age					nt signat	nte tedrater	ed when reinstating) DATE
12.	0	OFFICERS AN	DIRECTORS	DELETE	13	TITLE		т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	•	ADI EQ		Detere					onunge receiver
NAME	445 NE 445N ATOPET #4					1.2 NAME 1.3 STREET ADDRESS		,	
STREET ADDRESS	MIAMI FL	III OIREEL VO						9	
CITY-ST-ZIP TITLE	D			DELETE		CITY-S	1 - 211	+	Change Addition
NAME	HEAD, LINE	DΔ				NAME			- viewy
STREET ADDRESS		TH STREET #8				STREET	AUDRES		M
CITY-ST-ZIP	MIAMI FL	iii oinear ro				4 CITY-S		۱ ا	
TITLE	111111111111111111111111111111111111111			DELE te		TITLE	71 - # EL	-+	Change Addition
NAME	•					NAME			-
STREET ADDRESS						STREET	ADDRES	s	
CITY-ST-ZIP						I. CITY-S		-	
TITLE	-			DELETE		TITLE		 	Change Addition
NAME					4. 2	2 NAME			
STREET ADDRESS	1					STREET	ADDRES	s	
CITY-ST-ZIP						CITY-S			
TITLE				☐ DELETE		TITLE			Change Addition
NAME					5.2	NAME			
STREET ADDRESS					53	STREET	ADDRES	s	
CITY-ST-ZIP					5.4	CITY-S	I - ZIP		
TITLE				DELETE	61	THLE			Change Addition
NAME					6.2	NAME			
STREET ADDRESS	1				6.3	STREET	ADDRES	s	
CITY-ST-ZIP					6.4	City-S	T-ZIP		

14. 1 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 suppliemental 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.

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