

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090653 (1)

1. Corporation Name
CAFE FICHA U.S.A., INC.

Principal Place of Business ATTN: ROBERT SCHUR, ESO. 501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131	Mailing Address ATTN: ROBERT SCHUR, ESO. 501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7210 RED ROAD Suite, Apt. #, etc. 22 206 B City & State 23 SOUTH MIAMI FL Zip 24 33143 Country 25 USA	2a. Mailing Address 26 7210 RED ROAD Suite, Apt. #, etc. 27 206 B City & State 28 SOUTH MIAMI FL Zip 29 33143 Country 30 USA
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3. Date Incorporated or Qualified 10/22/1997	4. FEI Number 65-0789416	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SCHUR, ROBERT ESO
501 BRICKELL KEY DRIVE SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0507 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P
NAME	SCHUR, CATHERINE	1.2 NAME	SCHUR, CATHERINE
STREET ADDRESS	5250 SW 88 STREET	1.3 STREET ADDRESS	5250 SW 88 ST
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE		2.1 TITLE	V S
NAME		2.2 NAME	SCHUR, ROBERT
STREET ADDRESS		2.3 STREET ADDRESS	5250 SW 88 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Catherine Schur* President 2/8/98 (305) 667-7882

CR2E034 (10/97)