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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000093004 (4)

CARTCAFE, INC.

Principal Place of Business	Mailing Address
10301 S.W. 90TH AVENUE	10301 S.W. 90TI
MIAMI FL 33176	MIAMI FL 33176

FILED Apr 01 1998 8:00am Secretary of State

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90TH AVENUE 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/29/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-079685 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAX. MICHAEL H ESQUIRE 25 S.E. SECOND AVENUE Street Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVE. 62 600 INGRAHAM BUILDING MIAMI FL 33131 **B4** Zip Code 33146 DRAL GABLES 11. Pursuant to the provisions of Sections 607.050? 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 tamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE D DELETE 1.1 TITLE **Change** Addition P/5/D DAVIS, ALAN NAME 1.2 NAME 11337 S.W. 85 LANE 10301 S.W. 90TH AVENUE 1.3 STREET ADDRESS STREET ADORESS FL. **MIAMI FL 33176** MIAMI, 1.4 CITY - \$T - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE V/T/b MIAMI, FI 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS FL 33/76 2. 4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifting 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 ortrustee 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 attaching it with all advices.

SIGNATURE:

3/26/98 305-592-4775