

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90001 006 ***550.00

DOCUMENT # P980000200:26

1. Corporation Name

Cafe Cuba Libre, Inc.

Principal Place of Business

Mailing Address

2516 S.W. 8St.
Miami, Fl 33125

2516 S.W. 8ST.
Miami, Fl 33125

6 08163 - 90001 - 6 3 *

DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/3/98

2. Principal Place of Business

2a. Mailing Address

21 10651 N. KENDALL DR.
Suite, Apt. #, etc.

26 10651 N. KENDALL DR.
Suite, Apt. #, etc.

4. FEI Number

65-0819487

Applied For

Not Applicable

22 SUITE 220

27 SUITE 220

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 MIAMI, FL.

28 MIAMI, FL.

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

24 33176

25

29 33176

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wolfe, Melvin, esq.
7249 N.W. 36 Ct.
Miami, Fl 33147

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE
NAME D
Cordero-Esquivel, Martha
STREET ADDRESS 2516 S.W. 8 St.
CITY-ST-ZIP Miami, Fl 33125

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D,P,S
1.3 STREET ADDRESS Cordero-Esquivel, Martha
1.4 CITY-ST-ZIP 10651 N. Kendall Dr., Ste. 220
Miami, FL. 33176

TITLE ☐ DELETE
NAME D
Cordero, Napoleon
STREET ADDRESS 2516 S.W. 8 St.
CITY-ST-ZIP Miami, Fl 33125

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D,V,T
2.3 STREET ADDRESS Cordero, Napoleon
2.4 CITY-ST-ZIP 10651 N. Kendall Dr., Ste. 220
Miami, FL. 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTHA CORDERO-ESQUIVEL

8-18-99 (305) 229-2484

CR2E034 (11/98)