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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P98000044295**

1. Corporation Name
MILANO CAFE, INC.



Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180	2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1998

4. FEI Number
65-0851162

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21 3575 NE 207 Street	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 B-6B	27
City & State	City & State
23 Aventura, Florida	28
Zip Country	Zip Country
24 33180 25 Miami-Dade	29 30

9. Name and Address of Current Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name
Hortencia DeLaJara

82 Street Address (P.O. Box Number is Not Acceptable)
3575 NE 207 Street, B-6B

83

84 City
Aventura

85 Zip Code
FL 33180

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 *Hortencia DeLaJara*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ROSENTHAL, ALAN S
STREET ADDRESS	2875 N.E. 191ST STREET
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hortencia DeLaJara
1.3 STREET ADDRESS	3575 NE 207 Street, B-6B
1.4 CITY-ST-ZIP	Aventura, FL 33180
2.1 TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruben Marquina
2.3 STREET ADDRESS	3575 NE 207 Street, B-6B
2.4 CITY-ST-ZIP	Aventura, FL 33180
3.1 TITLE	First Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Monica Marquina DeLaJara
3.3 STREET ADDRESS	3575 NE 207 Street, B-6B
3.4 CITY-ST-ZIP	Aventura, FL 33180
4.1 TITLE	Second Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mohasir Marquina DeLaJara
4.3 STREET ADDRESS	3575 NE 207 Street, B-6B
4.4 CITY-ST-ZIP	Aventura, FL 33180
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hortencia DeLaJara*
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)