

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S50194** (7)

1. Corporation Name
ROZY CAFE, INC.



Principal Place of Business: **1891 NE 211TH STREET NORTH MIAMI FL 33179**
 Mailing Address: **1891 NE 211TH STREET NORTH MIAMI FL 33179**

| | | | | | |
|---|-----------------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 11900 BISCAYNE BLVD. | 26 | | 05/07/1991 | 05/01/1995 |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 4. FE Number | Applied For / Not Applicable |
| 23 | NORTH MIAMI FL | 28 | City & State | 65-0259874 | |
| 24 | Zip 33181 | 29 | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | DADE | 30 | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GOLDMAN, ROZALIA SALITA 1891 NE 21TH STREET NORTH MIAMI FL 33179 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: **K** _____ DATE: _____
Signature typed or printed name of the person filing this report and the filer's address. (If filer is not the Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | | | |
|----------------------------|--------------------------------|---------------------------------|--|--|---------------------------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GOLDMAN, ROZALIA SALITA | | | 1.2 NAME | | | |
| STREET ADDRESS | 1891 NE 211TH ST | | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | NORTH MIAMI FL | | | 1.4 CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GOLDMAN, MORDECHAY | | | 2.2 NAME | | | |
| STREET ADDRESS | 1891 NE 211TH ST | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | NORTH MIAMI FL | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 6.4 CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **K** *S. Goldman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)