FILE NO. 1 FILING FEE $120.00 PAID

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:42

DOCUMENT # **S62949** **(0)**

1. Corporation Name
LE CAFE INC.

Principal Place of Business	Mailing Address
8505 SOUTHWEST 74TH TERR MIAMI FL 33143-3707 US	8505 SOUTHWEST 74TH TERRACE MIAMI FL 33143-3707

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 790 NW 107 Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27
City & State 23 Miami Florida	City & State 28
Zip / County 24 33172 / 25 Dade	Zip / County 29 / 30

3. Date Incorporated or Qualified: 06/26/1991	3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0407848	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERRERO, RAUL 8505 SOUTHWEST 74TH TERRACE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HERRERO, BEATRIZ A.	1.2 NAME	
STREET ADDRESS	8505 S.W. 74TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	[illegible]	2.2 NAME	Gloria M Blanco
STREET ADDRESS	[illegible]	2.3 STREET ADDRESS	755 SW 6th St Apt 7
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	Miami Florida 33130
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 added by an attachment with an address.

SIGNATURE: _____ 1 Aug 1995 (305) 227-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0154421 CP