

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED ANNUAL REPORT

PROFIT
CORPORATION

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Le Cafe, Inc.

S62949

Principal Place of Business

790 N.W. 107th Avenue
Suite 100
Miami, Florida 33172

Mailing Address

Same

3. Date Incorporated or Qualified
6/26/1991

3a. Date of Last Report

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Raul Herrero
8505 S.W. 74th Terrace
Miami, Florida 33147

81. Name
Gus De Ribeaux, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)
2903 Salzedo Street

83.

84. City
Coral Gables

FL

85. Zip Code
33134

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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE: Gus De Ribeaux

June 12, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President/Director ☒ DELETE
NAME: Beatriz Herrero
STREET ADDRESS: 8505 S.W. 74th Terrace
CITY-ST-ZIP: Miami, Florida

TITLE: Secretary/ Director ☒ DELETE
NAME: Gloria M. Blanco
STREET ADDRESS: 744 S.W. 6th Street #9
CITY-ST-ZIP: Miami, Florida

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. TITLE: ☐ Change ☐ Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-ST-ZIP:

21. TITLE: Director/President ☐ Change ☒ Addition
22. NAME: Sinesio Juan Hernandez
23. STREET ADDRESS: 115 Salamanca Avenue, #5
24. CITY-ST-ZIP: Coral Gables, FL 33134

31. TITLE: ☐ Change ☐ Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-ST-ZIP:

41. TITLE: ☐ Change ☐ Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:

51. TITLE: ☐ Change ☐ Addition
52. NAME: 400001876354
53. STREET ADDRESS: -06/26/96--01116--044
54. CITY-ST-ZIP: ***61.25

61. TITLE: ☐ Change ☐ Addition
62. NAME:
63. STREET ADDRESS:
64. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sinesio Juan Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 227-1981

CR2E034 (3/96)