## 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

## DOCUMENT # **S71411**

1. Corporation Name

CAFE GRECO, INC.

m · · - ·	<b>D</b> \ -	- *	Business	

425 NORTH FEDERAL HIGHWAY

Mailing Address

3231 SW 28TH STREET

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90117 026 \*\*\*150.00



HALLANDALE P	L 33009	MIAMI PL 33133				DO NOT WRITE IN THIS SPACE				
					t	3. 0	Date Incorporated or Qualifed			
							08/07/1991			1
2 Principal DI	ace of Business	2a. Mailing Address					El Number		ΤΔ,	pplied For
	ace of business	<u>├</u> ─¬				1	65-0284126			ot Applicable
21 Suito Ant	# oto	Suite, Apt. #, etc.				<u> </u>	00-0204 120			Additional
Suite, Apt. 1	#, <del>U</del> IC.	<del></del>				5. 0	Certifcate of Status Desired			equired
22   City & City		City & State			<del> </del>	<del> </del>				
City & State	,	<u>├</u> ¬ '			]	1	Election Campaign Financing			May Be to Fees
23		28	Countr			<del>                                     </del>	Trust Fund Contribution			to rees
Zip	Country	Zip	7	у	Ì		This corporation owes the curre	nt year inta	ingible XYes	□No
24	25	29 30	21				Personal Property Tax.		ZN	
	9. Name and Address of Curren	it Registered Agent		4 1		10. 1	Name and Address of New Re	egistered A	igerit.	
AL DA	MIC VOCTIC		*	1 Nan	ie					
	INIS, KOSTIS		8:	2 Stre	et Addres:	ss (P.C	D. Box Number is Not Acceptate	ole)		
	SW 28TH STREET		L	<u> </u>						
MIAN	N FL 33133		8:	3						l l
			84	4 63					85 Zip	Code
			64	4 City				FL	93 Zib	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abor	ve-nam	ed corpora	ration s	submits this statement for the p	ourpose of o	hanging its	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth	orized b	v the co	rporation's	's boa	rd of directors. I hereby accept	the appoin	tment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ag	ent signatu	re required wi	when rem	nstating)	DATE		}
12.	OFFICERS AN	D DIRECTORS	13.			ΑE	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	ALBANIS, KOSTIS		1.2 NAME							ĺ
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	MIAMI FL 33133	•			~					İ
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NAME			6.2 NAME							
STREET ADDRESS		į	6.3 STRE		55					{
CITY-ST-ZIP			6.4 CTY-							]
14. I hereby c	ertify that the information supplied with	th this filing does not qualify for th	e exemp	tion sta	ted in Sec	ction 1	119.07(3)(i), Florida Statutes. I	further certi	ify 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 py frustee 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:

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)