LAW OFFICES
BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

NORTHBRIDGE TOWER I • 16TH FLOOR
515 NORTH FLAGLER DRIVE
WEST PALM BEACH, FLORIDA 33401
MAILING ADDRESS:
P.O. BOX 4026
WEST PALM BEACH, FLORIDA 33402-4026
TELEPHONE (407) 832-5900

T96000000443

BRUCE G. ALEXANDER, P.A.

DIRECT DIAL LINE: (407) 820-0332
TELECOPIER: (407) 820-0388

April 1, 1996

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-05/01/96--01031--007
*****87.50 *****87.50

VIA FEDERAL EXPRESS

Department of State
Trademark Registration Section
400 East Gaines Street
Tallahassee, Florida 32399

Re: Service Mark: Café Claudia (42)

Dear Sir/Madam:

Enclosed please find the original Application for the Registration of a Service Mark for the above referenced entity. Please file the enclosed application and register the service mark under Service Class 42. I have enclosed our check in the amount of $87.50 to cover the filing fee.

Thank you for your attention and cooperation in this regard.

Very truly yours,

789/304/742/671

Bruce G. Alexander

W96-7822

Please sign & return check. You do not need a disclaimer for the word "Claudia"

T96-443

:jll
Enclosures
cc: Guido Bellanca (w/enc.)

Sent Memo's to Lang to file

Name Availability	MP/MP
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 10, 1996

Buuce G. Alexander, Esquire
Boose, Casey, et al. Northbridge Tower I
18th FL., 515 N. Flagler Dr.
West Palm Beach, FL 33402-4628

SUBJECT: CAFE CLAUDIA
Ref. Number: W96000007822

We have received your document for CAFE CLAUDIA and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and return check. You do not need a disclaimer for the word "CLAUDIA."

The business address of the applicant must be listed in 1(b) of Part I of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 396A00016541

Florida Department of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name and address to whom acknowledgement should be sent:
Guido Bellanca c/o Alfredo's
Italian Pavilion, Epcot Center
Orlando, Florida 32830
(407) 827-8417
Applicant's phone number

PART I

1. (a) Applicant's name: Alfredo's International, Inc.
(b) Applicant's business address: Italian Pavilion, Epcot Center
Orlando, Florida 32830

( ) individual (XX) corporation of the State of Delaware, authorized in FL
( ) general partnership ( ) limited partnership of the State of F93-23860

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
Restaurant Services

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
Not Applicable

(c) The mode or manner in which the mark is used:
brochures, business cards, advertisement/signage

(d) The class(es) in which goods or services fall:
Class 42 - Miscellaneous

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month and year):

(a) Date first used anywhere: 5/20/93

(b) Date first used in Florida: 8/10/94

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Café Claudia

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Cafe" APART FROM THE MARK AS SHOWN.

I, Bruce G. Alexander *, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.*

Alfredo's International, Inc.
Typed or printed name of applicant

Authorized Signatory, Attorney in fact
Applicant's signature or authorized person's signature
(List name and title)

Subscribed and sworn to before me this 1st day of April, ~~XXXX~~ 1996.

(Notary Seal)

Signature of Notary Public

My Commission expires:

FEE $87.50 per class

DENISE A. LANDIN
MY COMMISSION #CC386550 EXPIRES
March 22, 1997
BONDED THRU FAIN INSURANCE, INC