

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V16773** (6)  
1. Corporation Name  
**CAFE HOMES, INC.**

Principal Place of Business

**1802 RIO COVE CT.  
ORLANDO FL 32825  
US**

Mailing Address

**1802 RIO COVE CT.  
ORLANDO FL 32825-8315  
US**

3. Date Incorporated or Qualified  
**02/25/1992**

3a. Date of Last Report  
**02/23/1996**

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

4. FEI Number

**59-3111845**

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

9. Name and Address of Current Registered Agent

**RIVERO, CARLOS A.  
1802 RIO COVE CT.  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

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

Signature type (a registered name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>RIVERO, CARLOS A.</b>    |                                            |
| STREET ADDRESS | <b>1802 RIO COVE CT.</b>    |                                            |
| CITY, ST, ZIP  | <b>ORLANDO FL</b>           |                                            |
| TITLE          | <b>VS</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RIO, JORGE DEL</b>       |                                            |
| STREET ADDRESS | <b>8002 PALM LAKE DRIVE</b> |                                            |
| CITY, ST, ZIP  | <b>ORLANDO FL</b>           |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing 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 or in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carlos A. Rivero, Pres. 3-20-97 658-4444**

Use

Daytime Phone #

0087000

CR2E034 (9/96)