

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V58471**

(6)

1. Corporation Name

**CAPPUCCINO'S, INC.**

Principal Place of Business

**11452 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411**

Mailing Address

**11452 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411**

FILED  
Jan 26 1996 8:00am  
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**08/17/1992**

3a. Date of Last Report

**01/20/1995**

4. FEI Number

**65-0353691**

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

**SANTAMARIA, ENZO  
11452 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411**

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 typed or printed name of officer, director, or authorized agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

☐ DELETE

NAME

**SANTAMARIA, ENZO  
11452 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**SANTAMARIA, TINA  
11452 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**SANTAMARIA, MARIO  
11452 OKEECHOBEE BLVD  
ROYAL PALM BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**T**

☐ DELETE

NAME

**SANTAMARIA, ROBERT S  
11452 OKEECHOBEE BLVD  
ROYAL PALM BCH FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**T**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**T**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 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 reported on the 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 unchanged or with an address change.

SIGNATURE:

*Robert Santamaria S.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBERT SANTAMARIA S. 1-22-96 417 791-2009**

CR2E034 (12/95)