

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 23 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317618 (7)

1. Corporation Name

M & D RESTAURANTS, INC.

Principal Place of Business

5555 COLLINS AVENUE
APARTMENT 9-F
MIAMI BEACH FL 33140

Mailing Address

5555 COLLINS AVENUE
APARTMENT 9-F
MIAMI BEACH FL 33140



3. Date Incorporated or Qualified

06/07/1967

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1195897

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUIS F. DE LA CRUZ, JR.

241 SEVILLA AVE.

SUITE 805

CORAL GABLES FL 33134

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 registered agent and board applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MEJUTO, GLADYS

12 NAME

STREET ADDRESS 5555 COLLINS AVE. APT 9-F

13 STREET ADDRESS

CITY- ST- ZIP MIAMI BCH FL

14 CITY- ST- ZIP

TITLE

2.1 TITLE

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE

3.1 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE

4.1 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE

5.1 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE

6.1 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 CITY- ST- ZIP

TITLE

7.1 TITLE

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY- ST- ZIP

74 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. 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

is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-96 (305) 8660432

CR2E034 (12/95)