

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:11

DOCUMENT # 434856

(1)

1. Corporation Name

RECRCO RESTAURANT CORP.

Principal Place of Business

**948 W. FLAGLER ST.
MIAMI FL 33130**

Mailing Address

**948 W. FLAGLER ST.
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1973

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1544255

Agreement for

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. ☐ **\$5.00 May Be
Added to Fees**

7. This corporation has adopted the uniform franchise law (FCF) of
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc

26. State Apt. # etc

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELGADO (SIGFREDO) JR.
3705 W. 7TH LANE
HIALEAH, FL
33012**

01. Name

02. ☐ (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. ☒ Florida

11. Pursuant to the provisions of Sections 607 (9)(a) and 607 (15)(b) Florida Statutes, the above named corporation certifies 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 (15)(b) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

12.

OFFICERS AND DIRECTORS

13.

☐ Change ☐ Action

☐ Change ☐ Action

☐ Change ☐ Action

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NAME
STREET ADDRESS
CITY, STATE, ZIP

**PO
DELGADO, SIGFREDO JR.
8090 HAWTHORNE AVE
MIAMI BCH., FL 33141**

**T
DELGADO, CLARIZA
8090 HAWTHORNE AVE
MIAMI BCH. FL**

**S
DELGADO, ANITA
851 86TH ST
MIAMI BCH. FL**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110 (2)(b) Florida Statutes. I further certify that the information indicates 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. I am an officer or director of the corporation or the receiver or liquidator empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or on an attached sheet with an address.

SIGNATURE

Clariza Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

6-25/95