

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **594852** (6)

1. Corporation Name  
**EL JEFE, INC.**



Principal Place of Business: **2899 COLLINS AVE PH.A MIAMI BCH. FL 33140**  
Mailing Address: **2899 COLLINS AVE PH.A MIAMI BCH. FL 33140**

3. Date Incorporated or Qualified <b>12/20/1978</b>	3a. Date of Last Report <b>01/25/1995</b>
4. FEI Number <b>59-1955797</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**OLIVA, RUBEN ESQ.  
2550 SW 3RD AVE  
3RD FLOOR  
MIAMI FL 33129**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.00(2) and 607.15(3), 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 female wife and accept the obligations of Section 607.00(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE	PD	<input type="checkbox"/> DELETE	13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	AGRA, LEONEL		13.2 NAME		
12.3 STREET ADDRESS	2899 COLLINS AVE PH.A		13.3 STREET ADDRESS		
12.4 CITY, ST, ZIP	MIAMI FL		13.4 CITY, ST, ZIP		
12.5 TITLE	S	<input type="checkbox"/> DELETE	13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	AGRA, CONNIE		13.6 NAME		
12.7 STREET ADDRESS	2899 COLLINS AVE PH.A		13.7 STREET ADDRESS		
12.8 CITY, ST, ZIP	MIAMI FL		13.8 CITY, ST, ZIP		
12.9 TITLE		<input type="checkbox"/> DELETE	13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME			13.10 NAME		
12.11 STREET ADDRESS			13.11 STREET ADDRESS		
12.12 CITY, ST, ZIP			13.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE	13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME			13.14 NAME		
12.15 STREET ADDRESS			13.15 STREET ADDRESS		
12.16 CITY, ST, ZIP			13.16 CITY, ST, ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE	13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME			13.18 NAME		
12.19 STREET ADDRESS			13.19 STREET ADDRESS		
12.20 CITY, ST, ZIP			13.20 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 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 register or Justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an earlier block with an address.

SIGNATURE: *Leonel Agra* **LEONEL AGRA** 1/16/96 305 6748409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)