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

Mailing Address

260 CRANDON BOULEVARD, SUITE 12

KEY BISCAYNE FL 33149-1537

DELETE

DELETE

DELETE

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PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business

KEY BISCAYNE FL 33149

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

STRFFT ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

260 CRANDON BOULEVARD. SUITE 12



FLORIDA DEPARTMENT OF STATE

Sandra B. Morte an

**FILED** 

Apr 25 1997 8:00am

Secretary of State

\_\_\_ Change

Change

Change

Change

Addition

Addition

Addition

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061167 (8)

STOGIE'S OF KEY BISCAYNE, INC.

						3. Date Incorporated or Qualified 07/22/1996	3a. Dal	te of Last R	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	oplied For	
21 26						650684094		No.	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					_	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State         City & State           23         26						Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 24	25 29 30			untry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					. 199.032,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
AMERILAWYER CHARTERED					Name					
343 ALMERIA AVENUE CORAL GABLES FL 33134				32	Street Addre	ect Address (P.O. Box Number is Not Acceptable)				
	TRAL GADLES FL 33134		6	83					<u> </u>	
•			Ē	34	City		FL	<b>85</b> Zip	Code	
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Such change wa	as authorized	by t	named corpo he corporatio	ration submits this statement for the points board of directors. I hereby accept	ourpose of	changing it sintment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	NOTE: Registered	Agent	signature required	s when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 THL	E				Change	Addition	
NAME RODRIGUEZ, ELVIS			1.2 NAM	ΛE						
			1.3 STR	STREET ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL 33149		14 CITY	14 CITY-ST-7IP						
TITLE			2.1 THL	E		☐ Change ☐			Addition	
NAME	RODRIGUEZ, JESUS G		2.2 NAM	2.2 NAME						
STREET ADDRESS	260 Crandon Boulevari	), Suite 12	2.3 STR	EE1 AS	OORESS	•				
	MEN BIRCANNE EL 33140									

3.1 101.6

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - \$1 - ZIP

4.4 CITY - S1 - ZIP

3 4. C(1Y - ST - Z(P

6.4 CHY-S1-ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 if changed, or on an attachment with an address

SIGNATURE: Text of Word was Track Region 2-22-07 345 540