

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:24

DOCUMENT # **VO0116** (6)

1. Corporation Name
HEGO CAFETERIA CORP., INC.

Principal Place of Business Address
**3160 S.W. 17TH STREET
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. (Date of incorporation or Dissolved) 12/12/1991	3a. Date of Last Report 02/18/1994
4. FEI Number 65-0330592	Apply Fee Not Applicable
5. Certificate of Status Number <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Foms
8. This corporation has liability for intangible tax under 5-199 C.F.R. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE R.
3160 S.W. 17TH ST.
MIAMI FL 33145**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0503 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. Thereby, we, and the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of registered agent and the corporation) _____ (Signature of registered agent to prepare registration filing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, JOSE R.
STREET ADDRESS	3160 S.W. 17TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	GONZALEZ, CRUZ A.
STREET ADDRESS	1881 N.W. 4TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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 s. 607.0503, 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 by me. That I am an officer or director of the corporation or the receiver or trustee empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with an addressee.

SIGNATURE: *Cruz A. Gonzalez*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT

[Signature]