

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

96 SEP 24 PM 6:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *V00116 Amended*

1. Corporation Name  
**HEGO CAFETERIA CORPORATION, INC.**

Principal Place of Business Mailing Address  
**69 N.W. 27th Avenue  
 Miami, Florida 33125**

2. Principal Place of Business  
 21 | **69 N.W. 27th Avenue**

22 | Suite, Apt. #, etc.

23 | **Miami, Florida**

24 | **33125**

25 | **U.S.A.**

2a. Mailing Address

26 | Suite, Apt. #, etc.

27 | City & State

28 | Zip

29 | Country

3. Date Incorporated or Qualified  
**12/13/91**

3a. Date of Last Report  
**2/20/96**

4. FEI Number  
**65-0330592**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSE R. HERNANDEZ  
 3160 S.W. 17th Street  
 Miami, Florida**

81 | Name  
**George J. DeFazio**  
 82 | Street Address (P.O. Box Number is Not Acceptable)  
**2121 Ponce Leon Blvd. #430**  
 83 |  
 84 | City  
**Coral Gables, FL** 85 | Zip Code  
**33134**

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 *George J. DeFazio*

**George J. DeFazio**

**9/18/96**  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Maria Pena</b>
1.3 STREET ADDRESS	<b>69 N.W. 27th Avenue</b>
1.4 CITY-STATE-ZIP	<b>Miami, Florida 33125</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	<b>800001972928--E</b>
2.4 CITY-STATE-ZIP	<b>-10/14/96--01039--006</b>
3.1 TITLE	<b>*****61.25 *****61.25</b>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Pena*

**Maria Pena, President**

**9/18/96 (305) 541-2640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)

*B10-10-96*