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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V00116 (6)

1. Corporation Name  
HEGO CAFETERIA CORP., INC.



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

Mailing Address  
3160 S.W. 17TH STREET  
MIAMI FL 33145-1802

3. Date Incorporated or Qualified  
12/12/1991

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business  
21 69 NW 27 AVE  
Suite, Apt #, etc.

2a. Mailing Address  
26 69 NW 27 AVE  
Suite, Apt #, etc.

4. FEI Number  
65-0330592

Applied For  
Not Applicable

22  
23 City & State  
Miami Fla

27  
28 City & State  
Miami

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33125  
25 Country USA

29 Zip 33125  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

DEFABIO, GEORGE J  
2121 PONCE DE LEON BLVD.  
#430  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MARIA PENNA  
82 Street Address (P.O. Box Number is Not Acceptable) 3360 NW 19 ST  
83  
84 City MIAMI FL 85 Zip Code 33125

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 *[Signature]* MARIA PENNA 080597  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD PENNA, MARIA	69 N.W. 27TH AVENUE	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify 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: *[Signature]* SIGNATURE: MARIA PENNA 01-15-97 573 0211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)