SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:11

DOCUMENT # **434856** **(1)**

1. Corporation Name

RECREO RESTAURANT CORP.

Principal Place of Business	Mailing Address
948 W. FLAGLER ST. **MIAMI FL 33130**	**948 W. FLAGLER ST.** **MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1973**	3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-1544255**	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees
7. This corporation has elected to be governed by the provisions of Florida Statutes: ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

DELGADO (SIGFREDO) JR.
3705 W. 7TH. LANE
HIALEAH, FL
33012

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section(s) 607.(illegible) and 607.1505, 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(s) 607.(illegible), Florida Statutes.

SIGNATURE
(illegible)

12. OFFICERS AND DIRECTORS		13.	
(illegible)	PD	(illegible)	☐ Change ☐ Addition
NAME	DELGADO, SIGFREDO JR.	NAME	
STREET ADDRESS	8090 HAWTHORNE AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL 33141	CITY-ST-ZIP	
(illegible)	T	(illegible)	☐ Change ☐ Addition
NAME	DELGADO, CLARIZA	NAME	
STREET ADDRESS	8090 HAWTHORNE AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	CITY-ST-ZIP	
(illegible)	S	(illegible)	☐ Change ☐ Addition
NAME	DELGADO, ANITA	NAME	
STREET ADDRESS	851 86TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	CITY-ST-ZIP	
(illegible)		(illegible)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
(illegible)		(illegible)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
(illegible)		(illegible)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (3/95)

14. I (illegible) hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: /s/ Olanis Delgado 6-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date

0084762 CP