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

APPROVED AND FILED

95 JUL -6 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031951 (4)**

1. Corporation Name

EL MATANCERO OF MIAMI, INC.

Principal Place of Business	Mailing Address
12199 N.W. 7TH AVE. MIAMI FL	12199 N.W. 7TH AVE. MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

(24) (25) (29) (30)

4. FEI Number: **65-0493589** | Applied For | Not Applicable

5. Certification of Status Desired ☐ — **$8.75** Additional Fee Required

6. [illegible] ☐ — **$5.00** May Be Added to Fees

8. This corporation has elected to [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VELLEJO, REINEL A
5480 WEST 24TH AVE.
APT. 203
HIALEAH FL 33016

10. Name and Address of New Registered Agent

(81) Name

(82) [illegible] (P.O. Box Number is Not Acceptable)

(83)

(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 607.0202 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: [illegible]

12. OFFICERS AND DIRECTORS		13.	
(71)	D	(1)	☐ Change ☐ Addition
(72) NAME	VALLEJO, REINEL A	(2) NAME	
(73) STREET ADDRESS	5480 WEST 24TH AVE. #203	(3) STREET ADDRESS	
(74) CITY-ST-ZIP	HIALEAH FL 33016	(4) CITY-ST-ZIP	
(75)	D	(11)	☐ Change ☐ Addition
(76) NAME	CACERES, XILENA M	(12) NAME	
(77) STREET ADDRESS	5480 WEST 24TH AVE. #203	(13) STREET ADDRESS	
(78) CITY-ST-ZIP	HIALEAH FL 33016	(14) CITY-ST-ZIP	
(79)		(21)	☐ Change ☐ Addition
(80) NAME		(22) NAME	
(81) STREET ADDRESS		(23) STREET ADDRESS	
(82) CITY-ST-ZIP		(24) CITY-ST-ZIP	
(83)		(31)	☐ Change ☐ Addition
(84) NAME		(32) NAME	
(85) STREET ADDRESS		(33) STREET ADDRESS	
(86) CITY-ST-ZIP		(34) CITY-ST-ZIP	
(87)		(41)	☐ Change ☐ Addition
(88) NAME		(42) NAME	
(89) STREET ADDRESS		(43) STREET ADDRESS	
(90) CITY-ST-ZIP		(44) CITY-ST-ZIP	
(91)		(51)	☐ Change ☐ Addition
(92) NAME		(52) NAME	
(93) STREET ADDRESS		(53) STREET ADDRESS	
(94) CITY-ST-ZIP		(54) CITY-ST-ZIP	

14. [illegible] 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)(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: [signature] Director 06-30-95

(TYPE OR PRINT NAME AND TITLE OF AUTHORIZED NATURAL PERSON SIGNING ABOVE OFFICER OR DIRECTOR) (Date) (Telephone Number)

CR2E034 (3/95)

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