

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **434856** (1)
1. Corporation Name
RECREO RESTAURANT CORP.

Principal Place of Business

**948 W. FLAGLER ST.
MIAMI FL 33130**

Mailing Address

**948 W. FLAGLER ST.
MIAMI FL 33130**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

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

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD
NAME	DELGADO, SIGFREDO JR.
STREET ADDRESS	8090 HAWTHORNE AVE
CITY-ST-ZIP	MIAMI BCH., FL 33141
TITLE	T
NAME	DELGADO, CLARIZA
STREET ADDRESS	8090 HAWTHORNE AVE
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	S
NAME	DELGADO, ANITA
STREET ADDRESS	851 86TH ST
CITY-ST-ZIP	MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**T Delgado, Mercedes, MARTHA
8090 Hawthorne Ave.
Miami Beach, Florida 33141**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clariza Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

(305) 324-0971

CR2E034 (12/95)