

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

97 MAY -1 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **443134**

(2)

1. Corporation Name

**EL MESON CASTELLANO, INC.**

Principal Place of Business

**2300 CORAL WAY  
MIAMI FL 33145  
US**

Mailing Address

**2300 CORAL WAY  
MIAMI FL 33145-3511  
US**

3. Date Incorporated or Qualified  
**12/31/1973**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 **2300 CORAL WAY**

2a. Mailing Address

26 **2300 CORAL WAY**

4. FEI Number

**59-1499133**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **# 200**

Suite, Apt. #, etc.

27 **# 200**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

23 **MIAMI FLORIDA**

City & State

28 **MIAMI FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

24 **33145**

Country

25 **US**

Zip

29 **33145**

Country

30 **US**

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

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

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 Sections 607.0502 and 607.1608, 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, typed or printed name of registered agent and title, if applicable.

**AMADA CANTERA LOPEZ, PRES**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/97**

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **PEREZ, JOSE**  
STREET ADDRESS **8551 S.W. 30TH ST.**  
CITY- ST- ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **PEREZ, JOSE**  
STREET ADDRESS **8551 S.W. 30TH ST.**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

**700002168207--8**  
**-05/06/97-0117--001**  
**\*\*\*\*165.00** **165.00**

**\$175/5**

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:

**JOSE PEREZ - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**0202965**

CR2E034 (9/96)