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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063308

1. Corporation Name

AILSA CAFE, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90190 034 ***150.00



			<u> </u>			_ 				
Principal Place of Business Mailing Address									•-	
50 E 10 AVE 50 E 10 AVE										
HIALEAH FL 33010 HIALEAH FL 33010						DO NOT WRITE IN THIS SPACE				
						3. Date Inco	rporated or Qualifed		Ţ	
						07/22/1				
2. Principal P	Place of Business	2a. Mailing	g Address		-	4. FEI Numb	er		App	lied For
21		26			_	65-0769	9137		Not	Applicable
Suite, Apt.	#, etc.	— <u> </u>	Apt. #, etc.			5, Certifcate	of Status Desired		.75 Ad	dditional
22				-	—	_			•	
<u> </u>			.ity & State			1	Campaign Financing d Contribution	1 1	5.00 N .dded to	•
Zip	28 Country Zip			Country			oration owes the curr			rees
⊢ '	25	29	T _a	90	,	1 -	Property Tax.	ent year intangibit		□No
24	9. Name and Address of (d Address of New F			
	S. Italia and Addition of			81 Name						
GUT	Terrez, Ailsa			L	10.	SEB.	KIVDE	NEIKA		
50 E 10 AVE					82 Street Addr	ess (P.O. Box N	umber is Not Accepta	able)		
HIAL	EAH FL 33010	Ī	83			····				
Ì				1						
					84 City	1 LEAA		FL 85	Zip C	3010
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508	3, Florida Statutes	, the ab	ove-named corp	oration submits t	his statement for the	purpose of chang	ing its r	registered
	registered agent, or both, in the im faritiar with and accept the	State of Florida. Such obligations of, Section	n c hanga was au l n 607.0505, Flori	thorized da Statul	by₊the₊corporatio	n's board of dire	ctors. I hereby acce	pr.me.appointmen	_as.reg	ıstereç
SIGNATURE	With .		RIVADEN					4/20/99		
SIGNATURE	Signature, typed or printed name of registe	ared agent and title if applicable	le. (NOTE: F	Registered /	Agent signature required			DATE /		
12.		RS AND DIRECTORS	DELETE	13.			S/CHANGES TO OF	FICERS AND DIR		RS IN 12 Addition
TITLE	PD CUTIEDDEZ AU CA		PADELEIE	1.1 TITL	± 11	, D	0		Idilgo	L Addison
.NAME	GUTIERREZ, AILSA			1.2 NAM	Æ	Jose 8	. RIVADE	NEIRA		
STREET ADORESS				1	REET ADDRESS	50 E .	H, FL	23010		
CITY-ST-ZIP	HIALEAH FL 33010		[] DELETE	2.1 TITL		INT & CHEC	H, FL		nange	Addition
TITLE			Coereie	2.1 IIII					ungo	
NAME										
STREET ADDRESS					REET ADDRESS		•			
CITY-ST-ZIP			DELETE	3.1 TITL	Y-ST-ZIP	·		ПС		Addition
TITLE			D 2227.7	3.2 NAA					····· •	
NAME					REET ADDRESS					
STREET ADDRESS	İ				Y-ST-ZIP					
CITY-ST-ZIP TITLE			DELETE	4,1 TITE					nange	Addition
NAME			<u></u>	4, 2 NA					·	_
STREET ADDRESS					REET ADDRESS					
				1	Y-ST-ZIP					i
CITY-ST-ZIP			DELETE	5.1 TITL				CI	hange	Addition
NAME			_	5.2 NAM	AE .					
STREET ADDRESS				5.3 STR	REET ADDRESS					
CITY+ST-ZIP				5.4 CIT	Y-ST-ZIP					}
TITLE			DELETE	6.1 TITL				Cr	nange	☐ Addition
NAME				6.2 NAA	Æ.					
STREET ADDRESS	}			63 STR	REET ADDRESS					
	1			I						

14. I 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)