

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 435589

1. Corporation Name

ARIAS CATERING SERVICE, INC.

Principal Place of Business

Mailing Address

2298 N.W. 21st Terr.
Miami, Fla. 33142

3. Date Incorporated or Qualified
11/20/73

3a. Date of Last Report
6/15/95

2. Principal Place of Business

2a. Mailing Address

21 2298 N.W. 21st Terr.

26

4. FEI Number

Applied For
Not Applicable

59-1521735

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Miami, Fla.

28

Zip

Country

Zip

Country

24 33142

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA L. ROSES
3625 Anderson Rd.
Coral Gables, Fl. 33134

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 607.0508, 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 of Principal Officer or Director (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Maria L. Roses	
STREET ADDRESS	3625 Anderson Rd	
CITY - ST - ZIP	Coral Gables, Fl. 33134	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Otilia Rodriguez	
STREET ADDRESS	42 N.W. 32nd Ave.	
CITY - ST - ZIP	Miami, Fl.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

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***225.00

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: *Otilia Rodriguez*
Otilia Rodriguez
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day: _____ Month: _____

CR2E034 (12/95)