

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 440021

(4)

1. Corporation Name  
FAJARDO CONDE CATERING INC.

Principal Place of Business  
4201 E 10 LANE  
HIALEAH FL 33013-2524

Mailing Address  
4201 E 10 LANE  
HIALEAH FL 33013-2524

FILED

97 APR -4 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1973		3a. Date of Last Report 03/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1524419		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FERNANDEZ, ANTONIO 5312 W. 26TH AVENUE HIALEAH FL 33016				10. Name and Address of New Registered Agent			
<i>Nieves Fajardo</i>				81 Name <i>Nieves Fajardo</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>1345 WEST 4 LANE</i>			
				83			
				84 City <i>HIALEAH</i> FL 85 Zip Code <i>33010</i>			
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE <i>Nieves Fajardo</i>				DATE <i>1-3-97</i>			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FAJARDO, LUIS		1.2 NAME				
STREET ADDRESS	1345 W. 4TH LANE		1.3 STREET ADDRESS				
CITY- ST- ZIP	HIALEAH FL		1.4 CITY- ST- ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				
NAME	FERNANDEZ, ANTONIO		2.2 NAME				
STREET ADDRESS	5312 W. 26TH AVE		2.3 STREET ADDRESS				
CITY- ST- ZIP	HIALEAH FL		2.4 CITY- ST- ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE				
NAME	FAJARDO, NIEVES		3.2 NAME				
STREET ADDRESS	1345 W. 4TH LANE		3.3 STREET ADDRESS				
CITY- ST- ZIP	HIALEAH FL		3.4 CITY- ST- ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				
NAME	FERNANDEZ, ASUNCION M.		4.2 NAME				
STREET ADDRESS	5312 W. 26TH AVE.		4.3 STREET ADDRESS				
CITY- ST- ZIP	HIALEAH FL		4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY- ST- ZIP			5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY- ST- ZIP			6.4 CITY- ST- ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nieves Fajardo* Secretary *Nieves Fajardo* 305-685-0592  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)