

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:25

DOCUMENT # F11376

(3)

1. Corporation Name

DON DOMINGO CARNICERIA, INC.

Principal Place of Business

10731 S W 56 ST
MIAMI FL 33165

Mailing Address

10731 S W 56 ST
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1980

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2059861

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt # etc.

Suite Apt # etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URBANDT, BERNARDO D.
10905 NORTH KENDALL DRIVE
MIAMI FL

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 607.01(2)(b) and 607.15(8) Florida Statutes, the undersigned (corporation) submits this statement for the purpose of changing its registered office
in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am
familiar with and accept the provisions of Section 607.01(2)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PST
ADDRESS	URBANDT, BERNARDO D.
CITY	10905 N KENDALL DR.
STATE	MIAMI FL
NAME	D
ADDRESS	URBANDT, BERNARDO D.
CITY	10905 N KENDALL DR.
STATE	MIAMI FL
NAME	
ADDRESS	
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NAME		☐ Change ☐ Addition
ADDRESS		
CITY		
STATE		

14. I hereby certify that this information, supplied with this filing, is voluntarily furnished and does not qualify for the exemptions stated in Sections 199.032(1)(b) Florida Statutes. Further,
I certify that the information indicates that 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. I am an officer or director of this corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name
appears on the list of officers or directors of this corporation as an officer or director.

SIGNATURE:

Be Carlos D. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/12/95

448 3323