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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86631

(1)

CAFE ESTRELLA INC.

Ι,

Principal Place of Business Mailing Address
8080 N.W. 58TH ST. 8080 N.W. 58TH ST.

ldress

FILED

May 05 1997 8:00am

Secretary of State

MIAMI FL 33166		MIAMI FL 33166-3403		\		
					3. Date Incorporated or Qualified 06/23/1982	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-2201024	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			3. Continued of States Desired	Fee Required
City & Stale		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for i	
24	25	29	30			Yes No
	9, Name and Address of Cur	rent Registered Agent	81	Name	10, Name and Address of New Re	gistered Agent
ANA S. VILA			01	Name		
	BILTMORE WAY		82	Strpnb4dd	rcss (P.O. Box Number is Not Acceptab N.W. 58th Street	ile)
	TE 400		-	L	N.W. John Street	
COF	RAL GABLES FL 33134		83			
	108		64	Mlami		FL 85 Zip Code 33166
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ot	0502 and 607.1508, Florida Statu ate of Florida. Such change was Algations of, Section 607.0505, Fl	tes, the abov authorized b lorida Statute	e-named cor y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE						
**************************************	Signature, typed or printed name of registered			ent signature requ	ired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	
TITLE	00150 1005	☐ DELETE	1.5 TITLE			Change Addition
NAME	SOUTO, JOSE A.		1.2 NAME			
STREET ADDRESS	605 SOLANO PRADO		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CHY-	ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			Change Addition
NAME	SOUTO, JOSE E.		2.2 NAME			
STREET ADDRESS			23 STREE	T ADDRESS	• •	
CITY-ST-ZIP	CORAL GABLES FL		2 4 CiTY-	ST-ZIP		
TITLE	V	DELETE	3.1 TITLE			Change Addition
NAME	SOUTO, JOSE ALBERTO		3 2 NAME			
STREET ADDRESS	565 MARQUESA DRIVE		3.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY	S1-ZIP		
TITL€	V	☐ DELETE	4.1 1(1)			L Change [_] Addition
NAME	SOUTO, ANGEL L.		4. P NAME			
STREET ADORESS	625 SOLANO PRADO		4.3 STREF	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CHY-	ST - 71P		
TITLE	1	☐ DELETE	5.1 THEF	-		Change Addition
NAME	SOUTO, HAYDEE		5.2 NAME			
STREET ADDRESS	605 SOLANO PRADO		5 3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CHY-	S1 - ZIP		
TITLE	S	DELETE	6.1 TITLE			Change Addition
NAME	JOSE ANGEL SOUTO		6.2 NAME			
STREET ADDRESS	605 SOLANO PRADO		6.3 STREE	I ADDRESS		

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 eath; 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 charged, or on an attachment with an address.

appears in block is or block to it originally, or wit an attachment with sin addition

CIONIATUDE.

4/25/97

305-594-9039