

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

FILED
Feb 08, 1999 8:00 am
Secretary of State

02-08-1999 90039 034 ***150.00

DOCUMENT # **F86631**

1. Corporation Name
CAFE ESTRELLA INC.

Principal Place of Business

**8080 N.W. 58TH ST.
MIAMI FL 33166**

Mailing Address

**8080 N.W. 58TH ST.
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1982

4. FEI Number

59-2201024

Applied For

Not Applicable

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

22 City & State

23 Zip Country

4 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**ANA S. VILA
8080 N.W. 58TH STREET
SUITE 400
MIAMI FL 33166**

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SOUTO, JOSE A.**
STREET ADDRESS **605 SOLANO PRADO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V** ☐ DELETE
NAME **SOUTO, JOSE E.**
STREET ADDRESS **9375 BALADA STREET**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V** ☐ DELETE
NAME **SOUTO, JOSE ALBERTO**
STREET ADDRESS **565 MARQUESA DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **SOUTO, ANGEL L.**
STREET ADDRESS **625 SOLANO PRADO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T** ☐ DELETE
NAME **SOUTO, HAYDEE**
STREET ADDRESS **605 SOLANO PRADO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **S** ☐ DELETE
NAME **JOSE ANGEL SOUTO**
STREET ADDRESS **605 SOLANO PRADO**
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1/12/99
Date

(305) 594-5039
Daytime Phone #

CR2E034 (11/98)