

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G39426** (3)

1. Corporation Name

L. & M. CAFETERIA, INC.

Principal Place of Business

**1036 SW FIRST ST
MIAMI FL 33130
US**

Mailing Address

**1036 SW FIRST ST.
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2281596

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**

7. This corporation has liability for intangible tax under Ch. 193.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1036 S.W. 1 ST.

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22

City & State

27

City & State

23 MIAMI, FLORIDA

28

Zip

Country

24 33130

25 U.S.

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE/CANTERA &
ASSOCIATES INC.
1036 S.W. 1 ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent

**81 Name
FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.
83
84 City
MIAMI
85 Zip Code
FL 33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 Florida Statutes 607.0001, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES

4/25/95

(Signature of officer or director of corporation or registered agent)

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PSO
MULET, JAME
451 MICHIGAN AVE. #7
MIAMI BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

200001471862

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******200.00 ****200.00**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

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 110 (7)(3)(b), 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:

JAME MULET

Pres/S/P

4/25/95

305 545 9686