

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G39426 (3)

1. Corporation Name

L. & M. CAFETERIA, INC.



Principal Place of Business

Mailing Address

2300 N.W. 17 AVE
MIAMI FL 33142

2300 N.W. 17 AVE
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 2300 N.W. 17 AVE

26 2300 N.W. 17 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 MIAMI FLORIDA

City & State
28 MIAMI FLORIDA

Zip

Country

24 33142

25 US

Zip

Country

29 33142

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2281596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

81

MARTA MORALES

82

Street Address (P.O. Box Number is Not Acceptable)

5912 S.W. 4TH ST

83

84

City
MIAMI

FL

Zip Code

33144

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

NEW MARTA MORALES

Spoke Member

Signature typed or printed name of registered agent and the applicant

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSD
MULET, JAIME
STREET ADDRESS
451 MICHIGAN AVE. #7
CITY-ST-ZIP
MIAMI BEACH FL

NEW ADDRESS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PSD
MULET, JAIME
5912 S.W. 4TH ST
MIAMI FL 33144

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***200.00

5-1-94
PMA

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 119.07(3)(k), 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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

04-29-96

CR2E034 (12/95)