

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 14 AM 10:31

DOCUMENT # G39550

(0)

1. Corporation Name

MCALVIRO RESTAURANT, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4961 S.W. 74TH COURT  
MIAMI FL 33155

Mailing Address

4961 S.W. 74TH COURT  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1983

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2294053

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, ANGEL R  
13214 SW 13 STREET  
SUITE 218  
MIAMI FL 33184

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | RODRIGUEZ, ANGEL R.    |
| STREET ADDRESS | 13214 SW 13TH ST.      |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | SD                     |
| NAME           | RODRIGUEZ, GLADYS V.   |
| STREET ADDRESS | 13214 SW 13TH ST.      |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | VPD                    |
| NAME           | RODRIGUEZ, ALEX        |
| STREET ADDRESS | 1459 ROBBIA AVE.       |
| CITY- ST- ZIP  | CORAL GABLES FL        |
| TITLE          | AVS                    |
| NAME           | RODRIGUEZ, VIVAN L.    |
| STREET ADDRESS | 15385 SW 104 TERR., #1 |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | TD                     |
| NAME           | RODRIGUEZ, ROY E.      |
| STREET ADDRESS | 13214 S.W. 13TH ST.    |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | ATD                    |
| NAME           | RODRIGUEZ, ISA         |
| STREET ADDRESS | 1459 ROBBIN AVE        |
| CITY- ST- ZIP  | CORAL GABLES FL        |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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 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 custodian 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 (205) 661-2024