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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # G56037 (6) 1. Corporation Name								
RANC	HO LUNA RESTAURANT,	INC.				I IABILII AAAI AKIN AKIN GIINA S) 	ANDRI BRAN BIBIN BIBIN 180)
Principal Place of Business Mailing Address								
% JORGE RABELO 20 N.W. 61ST AVENUE MIAMI FL 33126			% JORGE RABELO 20 N.W. 61ST AVENUE					
MIAMI PL 3	3120		MIAMI FL 33126			3. Date Incorporated or Qualified 08/12/1983	3a. Date of	Last Report /24/1995
Principal Place of Business 2			ı. Mailing Address			4. FEI Number	<u> </u>	Applied For
21 26						59-1113245		
Suite, Apt. #, etc 22			Suite Apt. #, etc:			5. Certificate of Status Desired		88.75 Additional Fee Required
City 8 State			Oity & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25		28	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre		ered Agent	[30]		10. Name and Address of New R		ent
				81	Name			
RABELO, JORGE 20 N.W. 61ST AVENUE MIAMI FL 33126			82 Street Ac		Street Addir	ress (P.O. Box Number is Not Acceptab	l€)	,
				84	Oity	······································		35 Zip Code
	10.000	ta mini Nawa	4600 5		- '	** ******	FL	· '
or registere	ittie provisions of Sections 607.050 diagent, or both, in the State of Flor i, and accept the obligations of, Sec	nda. Such	change was authorize	ed by the con-	named corpor exation's bou	ation submits this statement for the pured of directors. Thereby accept the app	pose of changi pritment as reg	ng its registered office listered agent. Lam
SIGNATURE								
12.	lyndine, typed reproted name of my seed age. OF HCERS Af			IL Higher LAge	tisignat ve regiona	aznome zaroj ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTORS IN 12
TITLE	LE DP ME RABELO, JORGE REET ADDRESS 20 NW 61ST AVE Y-ST-ZIP MIAMI, FL 00000		DELETE	1 1 TOLE		1001101001111001001	· · · · · · · · · · · · · · · · · · ·	Change Addition
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City-St-ZiP				2.4 CITY - 1				}
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NAME				3.2 NAME				
STPEET ADDRESS				3.3 SINEE	T ADDRESS			
CITY-ST-ZIP				3.4 CITY - 3	S1 - Z12			
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NAME				4.2 NAME				
STREET ADDRESS				1	ADDRESS			
CITY - ST - ZIF			☐ DELETE	4 4 CiTy - :	51 - ZIP			Phases
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STREET ADOPESS				5.2 NAME	ADDRESS			
CITY-ST-2IF								
TITLE	☐ DELETE		5.4 CHTY - ST - ZIP 6.1 TITLE				Change Addition	
NAME				6.2 NAME			_	
STREET ADDRESS					ADDRESS			-
C(1)Y - ST - ZIP				6.4 CITY - 1				
14. I do hereby	certify that the information supplied	w to this t	liling is voluntarily furn			or the exemption stated in Section 119	07(3)(k), Florida	Statutes, I further

certify that the information indicated on this annual report of supplemental annual report of success for query for the executer in Section 119.07,5/kg, Florida Statutes. Information indicated on this annual report of supplemental annual report of supplemental annual report and accurate and that my signature shall have the same legal effect as if made under oath, that I arm 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 12 if changed, or or an artachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISCOURT