May 07, 1999 8:00 am Secretary of State

05-07-1999 90079 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32737

1. Corporation Name

EL PROGRESO CAFE, CORP.

Principal Place	e of Business	Mailing Address	_			81811 G1811 61811 G	
7850 W. 4TH LANE 7850 W. 4TH LANE							
HIALEAH FL 33014 HIALEAH FL 33014							
					DO NOT WRITE IN THE	SPACE	
					3. Date Incorporated or Qualifed		
					11/27/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0158450	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 A	
22		27			S. Commodic di Ciciao Bosinos	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	itangible	ļ
24	25	29 30	0		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			81	Name			}
GONZALEZ, RAMIRO			82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)		
7850 W 4TH LN			02	Sueet Ac	juress (F.O. box Number is Not Acceptable)		
HIALEAH FL 33014			83				
,							
			84	City	FI	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	l	rporation submits this statement for the purpose of		registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	norized by	the corpora	ation's board of directors. I hereby accept the appoint	intment as rec	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	•]
SIGNATURE Signature, lyand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature requ	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
TITLE	P .	DELETE	1.1 TITLE		ADDITIONS OF TAXABLE TO STETICE AS	Change	Addition
ľ	•	- Dettere	1	}			
NAME	*·*··		1.2 NAME				ŀ
STREET ADDRESS			4	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	_		2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				ĺ
STREET ADDRESS			2.3 STREE	T ADDRESS			ì
CITY_ST.ZIP			. 2. 4 CITY- S	T-ZIP			
TITLE .	□ DELETE 3.1 Ti		3.1 TITLE		* **	Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS	3.3.5		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	34.0		3.4. CITY- 9	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME]
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP		!	4.4 CITY-S	1			İ
Garage Call							

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

Change

Addition

☐ Addition

=: