

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 # **L44331** (1)

1. Corporation Name

**TWO SISTERS JUICE & SHAKES, INC.**

Principal Place of Business

**C/O FELIPE HERNANDEZ  
2642 WEST 3RD AVENUE, BAY A&B  
HIALEAH FL 33010**

Mailing Address

**C/O FELIPE HERNANDEZ  
2642 WEST 3RD AVENUE, BAY A&B  
HIALEAH FL 33010**



3. Date Incorporated or Qualified

**01/18/1990**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

**65-0165315**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, FELIPE  
2642 WEST 3RD AVENUE BAY A&B  
HIALEAH FL 33010**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
**D HERNANDEZ, FELIPE**  
STREET ADDRESS  
**561 EAST 38TH STREET**  
CITY-ST-ZIP  
**HIALEAH FL**

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/96**  
Date

**(305)  
584-1844**  
Daytime Phone #

CR2E034 (12/95)