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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L48172 (5)

1. Corporation Name
LANA CAFETERIA, INC.

Principal Place of Business

P.O. BOX 441042
MIAMI FL 33144-1042

Mailing Address

P.O. BOX 441042
MIAMI FL 33144-1042

3. Date Incorporated or Qualified
02/07/1990

3a. Date of Last Report
06/03/1996

4. FEI Number
65-0268222

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

21 780-82-84 E. 57 Street

Suite, Apt. #, etc.

22 City & State
Hialeah, Florida

23 Zip
33013

Country
U.S.A.

24

25

26

2a. Mailing Address

26 Same as # 2

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL I.
1439 W. FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

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

1183 West 29 Street # C

83 Hialeah, Fl. 33012

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

Rodriguez, Miguel I.
Signature, typed or printed name of registered agent and title, if applicable.

Rodriguez, Miguel I.

1/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ-RODRIGUEZ, PABLO L	
STREET ADDRESS	1155 W. 77 STREET, #124-C	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA-FALCON, LEONARDA Y	
STREET ADDRESS	1155 W. 77 STREET, #124-C	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MARIA L. PIEDRA	
STREET ADDRESS	11454 N.W. 88th AVE.	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MARIA JULIA GARCIA	
STREET ADDRESS	4803 N.W. 7 STREET, #209	
CITY-ST-ZIP	MIAMI, FLORIDA 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARIA L. PIEDRA	
13 STREET ADDRESS	11454 NW 88 Avenue	
14 CITY-ST-ZIP	Hialeah Gardens, Fl. 33018	
21 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARIA J. GARCIA	
23 STREET ADDRESS	11454 NW 88 Avenue	
24 CITY-ST-ZIP	Hialeah Gardens, Fl. 33018	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Rodriguez, Miguel I.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Registered Agent

1/31/97

Date

Daytime Phone #

CR2E034 (9/96)