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Mar 04 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 # L66918 (8)

1. Corporation Name
HUNGRY MEN SUB SHOP INC.

Principal Place of Business

12041 SW 117 AVENUE
MIAMI FL 33183
US

Mailing Address

P. O. BOX 16-2225
MIAMI FL 33116-2225
US



3. Date Incorporated or Qualified
04/20/1990

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

2. Principal Place of Business

21 12041 SW 117 AVE

Suite, Apt. #, etc.

22 LOCAL

City & State

23 MIAMI FLA.

Zip

24 33193

Country

25 USA

2b. Mailing Address

26 U.S. POSTAL SERVICE

Suite, Apt. #, etc.

27 P.O. BOX 16-2225

City & State

28 MIAMI FLA.

Zip

29 33116

Country

30 USA

4. FEI Number

65-0194639

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

ROSALBA OTERO LONG
710 SAN JUAN DRIVE
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name GERMAN OTERO ZORRILLA

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

6841 SW 147 AVE

83 MIAMI FL. APTO 1D

84 City

MIAMI

FL

85 Zip Code 33186

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 German Otero

(NOTE: Registered Agent's signature required when reinstating)

DATE

1-30-97

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME ROSALBA OTERO LONG
STREET ADDRESS 710 SAN JUAN DRIVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME GERMAN OTERO ZORRILLA
1.3 STREET ADDRESS 6841 SW 147 AVE
1.4 CITY-ST-ZIP MIAMI FL. 33186 APT 1D

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 addition with an address.

SIGNATURE: German Otero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 305-256-4452

Date Daytime Phone #

CR2E034 (9/96)