FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L72056 (9)

1. Corporation Name
BOCADITOS, INC.

Principal Place of Business	Mailing Address
13925 NORTHWEST 60TH AVENUE MIAMI LAKES FL 33014	13925 NORTHWEST 60TH AVENUE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0206191	☐ 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 (will) filed Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ADAIR, LARRY L.
13925 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	IZQUIERDO, LUIS H.	12 NAME	
STREET ADDRESS	9060 SW 85TH ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	ADAIR, LARRY L	22 NAME	
STREET ADDRESS	212 N.W. 97TH AVE	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	CARTAYA, RINALDO J	32 NAME	
STREET ADDRESS	303 GALEN DR. #304	33 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WELD, MATTHEW	42 NAME	
STREET ADDRESS	399 PARK AVE. 23RD FLOOR	43 STREET ADDRESS	
CITY ST ZIP	N Y NY	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: RINALDO J. CARTAYA, PRES. (X) 1/10/95 (305) 569-0770
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0083001 CP