FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89267 (3)

PORKY'S HUT, INC.

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FILED

Apr 28 1997 8:00am

Secretary of State

Principal Place of Business Mail		Mailing Address	Azilina Addraec				IH DIBIT BIBIT 1991
•		Mailing Address					
6121 BW 129 CT. MIAMN FL 33183		6121 SW 129 CT. MIAMI FL 33183-1239	6121 SW 129 CT. Miami Fl. 33183-1239				
					3. Date Incorporated or Qualified 07/16/1990	3a. Date of I	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0206541		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional
22		Oitu ⁸ Clala					ee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28] Zip	Coun	1rv	Trust Fund Contribution 8. This corporation has liability for in		
24	25	29	30	,		Yes No	ider S. 199.032,
241	9. Name and Address of Curren	a annu la manal a annu annu mara i i ann anna ann an a anna ann a	1301		10. Name and Address of New Reg		
GON	NZALEZ, JOSE M.			31 Name			
	1 SW 129 CT.		١.	22 Ctract As	Mana (D.C.) Boy Number is Not Assessed	۵۱	
	MI FL 33183		1	Street Ac	ddress (P.O. Box Number is Not Acceptabl	U)	
444.6	m (2 00 100		ē	33			
			<u> </u>				
			*	34 City		FL 85	Zip Code
office or re	to the provisions of Sections 607.050; egistered agont, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	by the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of chan the appointme	ging its registered ent as registered
SIGNATURE	Signature, typed or printed name of registered age	en) and title diapolecable (NO	1t : Registered	Agent signature re	quired whon reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	D	☐ DELFTE	1.1 1111	ŧ		C	nange
NAME	GONZALEZ, JOSE M.		1.2 NAA	ME			
STREET ADDRESS	6121 SW 129 CT.		1.3 STH	LET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CIT1	(- ST - 7IP			
TITLE	D	☐ DELETE	2.1 1111	F			nange 🔲 Addition
NAME	GONZALEZ, BARBARA		2 2 NAN	↑ E			
STREET ADDRESS	6121 SW 129 CT.		2 3 S1R	EF1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		2 4 Cfl	Y - S1 - ZIP	<u>D</u>		
TITLE		DELETE	3 1 7171	F	Sose Angel Gonzalu 980 NW 134 ave Miami, Fl. 3318	. 7. 🗀 0	nange 🖸 Addition
NAME			3.2 NAN	AE ,	980 NW 134 ave		
STREET ADDRESS			1	EEI ADDRES\$	A. El 25 C	~	
CITY-ST-ZIP				Y - ST - 7IP	Miami, Fl. 3318	ير سوس	
TITLE		☐ DELETE	4 1 1171		•	[ci	nange L. Addition
NAME			4 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		T DELETE		/-ST-ZIP			
TITLE		☐ DELETE	5 1 1111	i		☐ CI	nange 🔲 Addition
NAME			52 NAM				
STREET ADDRESS				EE1 ADDRESS			
CITY-ST-ZIP		T beleve		r - S1 - ZIP		· · · · · · · · · · · · · · · · · · ·	The same
TITLE		L_ DEFETE	6 1 11TL			L C	nange Addition
NAME			6.2 NAM				
STREET ADDRESS			6.3 STR	FFT ADDRESS			
A174 AT 710	İ		0.4.017	. 67 710			

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 logal effect as if made under eath; 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. (305)