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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:40

DOCUMENT # M10790 (7)

1. Corporation Name
RAUL II CAFETERIA INC.

Principal Place of Business	Mailing Address
~~C/O MARIA M. ALBA~~ 8821 S.W. 25 ST. MIAMI FL 33165	~~C/O MARIA M. ALBA~~ 8821 S.W. 25 ST. MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1985
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2495718 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8821 S.W. 25 St	26 8821 S.W. 25 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL.
24 Zip: 33165 — 25 Country: USA	29 Zip: 33165 — 30 Country: USA

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**

~~ALBA, MARIA M.~~
~~8821 S.W. 25 ST.~~
~~MIAMI FL 33165~~

10. **Name and Address of New Registered Agent**

81 Name: Antonio Sosa
82 Street Address (P.O. Box Number is Not Acceptable): 8821 S.W. 25 St
83
84 City: Miami FL 85 Zip Code: 33165

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 X Antonio Sosa
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	President / SEC [✓] Change [ ] Addition
NAME	~~ALBA, MARIA M.~~	1.2 NAME	ANTONIO SOSA
STREET ADDRESS	~~8821 S.W. 25 ST.~~	1.3 STREET ADDRESS	8821 SW 25 St
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	V	2.1 TITLE	[ ] Change [ ] Addition
NAME	SOSA, ANTONIO	2.2 NAME	
STREET ADDRESS	% 8821 SW 25TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: X Antonio Sosa — 1/14/95 — 594-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176800 CP