

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M18168 (8)**

1. Corporation Name  
**EL CHAPITO CAFETERIA, INC.**



Principal Place of Business: **1092 W. 23 STREET HIALEAH FL 33010**  
Mailing Address: **1092 W. 23 STREET HIALEAH FL 33010**

3. Date Incorporated or Qualified <b>07/18/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2554557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HEREDIA, RAFAEL E  
1151 W. 23 STREET  
HIALEAH FL 33010~~

81. Name <b>MAYRA Heredia</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1151 W. 23 ST.</b>
83.
84. City <b>Hialeah</b>
85. State <b>FL</b>
86. Zip Code <b>33010</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *[Signature]* DATE: **2/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HEREDIA, RAFAEL E</del>	1.2 NAME	<b>MAYRA Heredia</b>
STREET ADDRESS	<del>1151 W. 23 STREET</del>	1.3 STREET ADDRESS	<b>1151 W. 23 ST.</b>
CITY-ST-ZIP	<del>HIALEAH FL</del>	1.4 CITY-ST-ZIP	<b>Hialeah, FL 33010</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>GONZALEZ, GLORIA EMILIA</b>	2.2 NAME	
STREET ADDRESS	<b>1151 W. 23 STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(k), 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: *[Signature]* DATE: **2/23/96** DAY/PHONE: **305 887 8660**

CR2E034 (12/95)