

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M36240 (3)

1. Corporation Name

CHATEAU BANQUET HALL, INC.



Principal Place of Business

Mailing Address

C/O ENRIQUE GARCIA
4158 WEST 12TH AVENUE
HIALEAH FL 33012

C/O ENRIQUE GARCIA
4158 WEST 12TH AVENUE
HIALEAH FL 33012

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

10/13/1995

2. Principal Place of Business

2a. Mailing Address

21 4162 W. 12 AVE

26 SAME

4. FEI Number

59-2705751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hialeah, FL

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33012

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, GRISEL
4158 WEST 12TH AVENUE
HIALEAH FL 33012

81 Name

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

83

84 City

FL

85 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:

Signature, typed or printed name of registered agent and other applicable

(NOTE: Registered Agent signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GARCIA, ENRIQUE

STREET ADDRESS 148 SW 48 AVE

CITY- ST- ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME GARCIA, ORESTES

STREET ADDRESS 148 SW 48 AVE

CITY- ST- ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME GARCIA, MIRTA

STREET ADDRESS 148 SW 48 AVE

CITY- ST- ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME GRISEL, GARCIA

STREET ADDRESS 1393 W 40TH ST

CITY- ST- ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRISEL GARCIA

5/14/96

(305) 825 0052

CR2E034 (12/95)