

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

**APPROVED  
AND  
FILED**

96 MAY -1 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M60045** (5)

1. Corporation Name  
**RODRIGUEZ REY PIZZA CORP.**

Principal Place of Business Mailing Address  
**1036 S.W. 1 ST.  
MIAMI FL 33130  
US**

3. Date Incorporated or Qualified **10/01/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 **2300 CORAL WAY** 2a. Mailing Address 26 **2300 CORAL WAY**

4. FEI Number **65-0006011** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33145** 25 Country **US.** 29 Zip **33145** 30 Country **US.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC  
1036 S.W. 1 ST.  
MIAMI FL 33130**

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2300 CORAL WAY SUITE # 200**  
83  
84 City **MIAMI** 85 Zip Code **FL 33145**

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 607.0509, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** DATE: \_\_\_\_\_

(NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, RAMON A.	
STREET ADDRESS	2908 WEST 3RD AVE.	
CITY - ST - ZIP	HIALEAH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARGARITA C.	
STREET ADDRESS	2908 WEST 3RD AVE.	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200001813562</b>
1.4 CITY - ST - ZIP	<b>-05/08/96--01064--036</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>****200.00 ****200.00</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*AB 5/13*

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 attached sheet with an address.

SIGNATURE: *Amada Cantera Lopez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/96*

Daytime Phone #

CR2E034 (12/95)