

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N06048 (5)
1. Corporation Name
INDEPENDENT CATERERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
4513 PALM AVE SUITE 4 HIALEAH FL 33012 US **C/O RODRIGUEZ & CASAS INC. 4513 PALM AVE HIALEAH FL 33012 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2468090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
RODRIGUEZ MARIO D. 4513 PALM AVE HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and the filer applicable) (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL OMAR FAJARDO	12 NAME	DAGOBERTO FRAGINALS
STREET ADDRESS	7755 WEST 90 COURT APT 201	13 STREET ADDRESS	5701 NW 117th Street
CITY - ST - ZIP	HIALEAH FL	14 CITY - ST - ZIP	HIALEAH FL 33012
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGOBERTO FRAGINALS	22 NAME	
STREET ADDRESS	5701 NW 117TH ST	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, LINO J.	32 NAME	
STREET ADDRESS	1821 S.W. 82 PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, COMPANIONI	42 NAME	
STREET ADDRESS	10401 SW 53 ST.	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL LEON	52 NAME	
STREET ADDRESS	18101 NW 57TH AVE	53 STREET ADDRESS	
CITY - ST - ZIP	CAROL CITY FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.073(4), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **07/24/95 (305) 267-8076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E037 (3/95)