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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005243 (8)**

1. Corporation Name

EL GRAN YO SOY, INC.

Principal Place of Business

**3801 S. W. 58TH AVENUE
DAVIE FL 33314**

Mailing Address

**3801 S. W. 58TH AVENUE
DAVIE FL 33314-2737**

3. Date Incorporated or Qualified
10/09/1996

3a. Date of Last Report
10-9-97

2. Principal Place of Business

21 4860A South State Road 7 (441)
Suite, Apt. #, etc.

2a. Mailing Address

26 4860A South State Road 7 (441)
Suite, Apt. #, etc.

4. FEI Number

65-0721530

☒ Applied For
☐ Not Applicable

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

City & State

23 Holly

City & State

28 Hollywood Fla

Zip
24 33314

Country **Browar**

Zip
29 33314

Country **Browar**

9. Name and Address of Current Registered Agent

**PALMA, JOAQUIN
3801 S. W. 58TH AVENUE
DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name

None

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Vice manager** ☐ DELETE

NAME **Olgamarina Palma** **D**

STREET ADDRESS **3801 SW 58 ave**

CITY-ST-ZIP **Ft. Lauderdale Fla 33314**

TITLE **Rossalynn Palma Secretary** ☐ DELETE

NAME **Rossalynn Palma** **D**

STREET ADDRESS **3801 SW 58 ave**

CITY-ST-ZIP **Ft. Lauderdale Fla 33314**

TITLE **TREASURE** ☐ DELETE

NAME **Esperanza Velazquez** **T**

STREET ADDRESS **5810 SW 59 ave**

CITY-ST-ZIP **Ft. Lauderdale Fl. 33314**

TITLE **THE TREASURE** ☐ DELETE

NAME **Edy Valenzuela** **T**

STREET ADDRESS **36 Taft St Apt. #6**

CITY-ST-ZIP **Hollywood Fl 33020**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Second Secretary** ☐ Change ☐ Addition

1.2 NAME **Ana Maria Herrera**

1.3 STREET ADDRESS **3810 SW 59 ave**

1.4 CITY-ST-ZIP **DAVIE FL 33314**

2.1 TITLE **Isabel 2nd Vice manager.** ☐ Change ☐ Addition

2.2 NAME **Isabel Aberto**

2.3 STREET ADDRESS **5810 SW 60 ave**

2.4 CITY-ST-ZIP **DAVIE FL 33314**

3.1 TITLE **second TREASURE** ☐ Change ☐ Addition

3.2 NAME **Gerald Palma** **T**

3.3 STREET ADDRESS **3801 SW 58 ave**

3.4 CITY-ST-ZIP **Ft. Lauderdale Fla 33314**

4.1 TITLE **THE TREASURE** ☐ Change ☐ Addition

4.2 NAME **Alma Valenzuela** **D**

4.3 STREET ADDRESS **36 Taft St. Apt. #6**

4.4 CITY-ST-ZIP **Hollywood Fla 33020**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Olgamarina Palma** **9-27-98**

9-27-98

(954) (581509)

CR2E037 (9/96)