## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

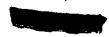
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOS HERMANOS CAFETERIA LATINA INC

## FILED May 18, 2001 8:00 am Secretary of State 05-18-2001 91602 019 \*\*\*150.00

552783



Principal Place of Business Mailing Address						
	66W 29 ST 66W 29 S			T		DO NOT WRITE IN THIS SPACE
	HIALEAH FL 33012 HIALEAH FL 33012				3. Date Incorporated or Qualified	
					14/200	
2. Principal Pla	Place of Business 2a. Mailing Address				4. FEI Number 09 8 XC 82 Applied For	
21	26 Suite, Apt. #, etc.				Not Applicable	
Suite, Apt. #	t. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State					Election Campaign Financing     \$5.00 May Be	
23		28				Trust Fund Contribution
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible
24	25	29 30				Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Agent
ا اسرا	,			81	Name	
· No				82 Street Address (P.O. Box Number is Not Acceptable)		
4	4					· · · · · · · · · · · · · · · · · · ·
				83		
				84	City	FL 85 Zip Code
41. Divisions to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above gamed 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    Streature   typed or printed name of registered agent and title it applicable.   INOTE: Registered Agent signature required when reinstating)   DATE						
, Si	, Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS AND BINESTONS  DELETE			1.1 TITLE		☐ Change ☐ Addition
NAME	JUSTINA RODRIGUEZ		1.2 N	1.2 NAME		
STREET ADDRESS				REET .	ADDRESS	• •
CITY-ST-ZIP	66 w 29 ST HIA 33012			1.4 CITY - ST - ZIP		•
TITLE	LEONARDO, G. RODRIGUEZ			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
NAME . L						ł
STREET ADDRESS						•
CITY-ST-ZIP	66 W 29 ST			2. 4 CITY-ST-ZIP		
TITLE,	HIA FL 33012 DELETE			3.1 TITLE		☐ Change ☐ Addition
NAME	,		3.2 NA	ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. C		T-ZIP	☐ Change ☐ Addition
TITLE		Uttert	4.1 TII			Change Li Addition
NAME			4.2 N		ADDRESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CI		-zir	☐ Change ☐ Addition
NAME		- <del></del>	5.2 NA			= ,
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CI			
TITLE		☐ DELETE	6.1 TII		MIT .	☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP	
	rtify that the information-supplied with	this filing does not qualify for				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 607, Foring Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

**SIGNATURE:** 

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR