SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

'PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 AUG 27 PM 2:35

DOCUMENT # **P92000000840 (8)**

1. Corporation Name
EL CACHE OF MIAMI, INC.

Principal Place of Business	Mailing Address
1470-X N.W. 107TH AVE. MIAMI FL 33172	1470-X N.W. 107TH AVE MIAMI FL 33172

NEW ADDRESS

2. Principal Place of Business	2a. Mailing Address
21	26 8150 S. W. 8th St.
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Ste. #109/110
City & State 23	City & State 28 Miami, Fl
Zip / Country 24 / 25	Zip / Country 29 33144 / 30 Dade

3. Date Incorporated or Qualified: **10/29/1992**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **65-0377145** ☐ 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

9. Name and Address of Current Registered Agent

CORONA, HECTOR
1470-X N.W. 107TH AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: CORONA, HECTOR
82 Street Address (P.O. Box Number is Not Acceptable): 8150 S. W. 8th St. Ste. #109/110
83 Miami, F. 33144
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORONA, HECTOR 1470-X NW 107 AVE MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Hector Corona 8150 S. W. 8th St. Ste 109/110 Miami Fl 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CORONA, ANNIA 1470-X NW 107 AVE MIAMI FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V P DENISE CORONA 8150 S. W. 8th St. Ste #109/110 Miami, Fl 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORONA, DENISE 1470-X NW 107 AVE MIAMI FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secty-Treas. Annia Corona 8150 S. W. 8th St. Ste #109/110 Miami, Fl 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORONA JR., HECTOR 1470-X NW 107 AVE MIAMI FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	700001941137 -09/06/96--01052--006 ****225.00 ****225.00	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-22-96 305-918-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #