	PROFIT ORPORATION NUAL REPORT 1996	FLORIDA DEPARTMENT OF STATI Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P9200003468 (5)				TONS			
	ASALTA RESTAURANT OF		,0,0	,			
						186186 18 1881 1881 1881 1881	n Dang baga baga ang baga ang lang
rincipal Place of Business		Mailing Address					HOLIN OCH IN OOKOO EKKI BIRKA OKKAL KAKK
	W 5 STREET FL 33125	1755 NW 5 MIAMI FL :	1755 NW 5 STREET MIAMI FL 33125				
						3. Date Incorporated or Qualified 3	a. Date of Last Report
Principal	Place of Business	2a. Mailing Add	2a. Mailing Address			11/05/1992 4. FEI Number	05/01/1995
Suite, Apt #, etc.						65-0366188	Applied For Not Applicat
Suite, Apt. #, etc.			, etc.	•		5. Certificate of Status Desired	\$9.75
City & State City & State						6. Election Campaign Financing	Fee Required
<u>пр</u>	28					Trust Fund Contribution	\$5.00 May Be
	Country 25	Zip Country 29 30			<u> </u>	8. This corporation has liability for intan	Added to Fees gible tax under s 199 032
	9. Name and Address of Co	urrent Registered Agent		<u> </u>		Florida Statutes 🔲 Yes 📈	No
	••••			81	Name	10. Name and Address of New Regis	tered Agent
DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
				83			
				84	Crty		■ 85 Zip Code
Pursuant	to the provisions of Sections 607.6	0502 and 607.1508, Florida	Statutes, th	io above n	amed corpora	ation submits this statement for the purpose d of directors. Thereby accept the appointm	FL
or registe	ith and accept the obligations of a	Seq on 6077 355, Frorida S	tuthorized by Statutes	the corpo	ration's board	d of directors. Thereby accept the appointm	or changing its registered offic ent as registered agent. Lam
or registe familiar w		elgari					
or registo familiar w IATURE	Signature, by end a milled name or		LACILE ME	1		When rematation?	
or registe familiar w IATURE	Signar re, tyred or milled name in OFFICERS	AND DIFFECTORS	I	13.	Signal are for arrest		IATE
or registe familiar w IATURE	OFFICERS D	AND DIRECTORS		13.	Signal are to a press	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
***************************************	OFFICERS D DELGADO, JUAN			13.	Signal are focusives:		B AND DIRECTORS IN 12 Change Addition
ADDRESS	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	DELF	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A	ODRESS		AND DIRECTORS IN 12
ADDRESS	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	DELF	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST	ODRESS		S AND DIRECTORS IN 12
T ADDRESS ST-ZIP	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	DELF	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST 2.1 TITLE	ODRESS		S AND DIRECTORS IN 12
FADDRESS ST-ZIP ADDRESS	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	DELF	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST	ODRESS ZIP		S AND DIRECTORS IN 12 Change Addition
ADDRESS E-ZIP ADDRESS	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	10A/040 33/25	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - SI 2 1 THLE 22 NAME	DDALSS		S AND DIRECTORS IN 12 Change Addition
ADDRESS SE-ZIP ADDRESS	OFFICERS D DELGADO, JUAN 1755 NW 5 STREET	DELF	TE	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST 2.1 TITLE 2.2 NAME 2.3 STREET A	DDALSS		S AND DIRECTORS IN 12 Change Addition Change Addition
F ADDRESS ST-ZIP T ADDRESS ST-ZIP	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	10A/040 33/25	TE.	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY SI 2.2 NAME 2.2 NAME 2.3 STREET A 2.4 CITY SI 3.1 THLE 3.2 NAME	ODRESS ZIP DERESS ZIP		S AND DIRECTORS IN 12 Change Addition
F ADDRESS S1-ZIP I ADDRESS S1-ZIP ADDRESS	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	10A/040 33/25	TE.	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.3 STREET A	ODRESS -ZIP		S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
or registor or registor with NATURE If ADDRESS ST. ZIP If ADDRESS ST. ZIP If ADDRESS ST. ZIP	DELGADO, JUAN 1755 NW 5 STREET MIAMI FL 33125	10A/040 33/25	TE.	13. 1 1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY SI 2.2 NAME 2.2 NAME 2.3 STREET A 2.4 CITY SI 3.1 THLE 3.2 NAME	ODRESS -ZIP		S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition

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 his annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charged, or on an attachment with an indicess.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description:

4.3 STREET ADDRESS

4.4 CHY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5 1 HTLE

5.2 NAME

6 1 THE

62 NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

DELFTE

Change Addition

Change

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