

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000006570 (4)**

1. Corporation Name

LA PLACITA DE HIALEAH, INC.



Principal Place of Business

**5610 N.W. 175 STREET
CAROL CITY FL 33055**

Mailing Address

**5610 N.W. 175 STREET
CAROL CITY FL 33055**

2. Principal Place of Business

2a. Mailing Address

26 **Yo Oscar Rodriguez**
27 **19932 NW 62nd Court**
28 **Miami FL**
29 **33015** 30

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0576990

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

**RODRIGUEZ, OSCAR
5610 N.W. 175 STREET
CAROL CITY FL 33055**

10. Name and Address of New Registered Agent

81 Name **Rodriguez Oscar**
82 Street Address (P.O. Box Number is Not Acceptable)
19932 NW 62nd Court
83 **Miami**
84 City **FL** 85 Zip Code **33015**

11. For consent 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, both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME **PST RODRIGUEZ, OSCAR**
2. STREET ADDRESS **5610 N.W. 175TH STREET**
3. CITY, ST, ZIP **CAROL CITY FL 33055**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME **PST Rodriguez Oscar** ☒ Change ☐ Addition
2. STREET ADDRESS **19932 NW 62nd Court**
3. CITY, ST, ZIP **Miami FL 33015**
4. NAME ☐ Change ☐ Addition
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14. I 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 607, Florida Statutes, and that my name appears in Back 12 or Block 12 of the most recent attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 305-324-9834

CR2E034 (12/95)