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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

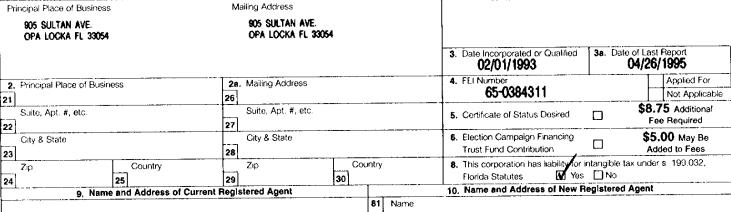
Secretary of State
DIVISION OF CORPORATIONS

1996

IMENT # P93000008030 (7)

DOCUMENT #	P93000008030 (
1. Corporation Name		•

MR. T. LUNCH TRUCK INC.



TORAL, RODOLFO 905 SULTAN AVE. OPA LOCKA FL 33054

82	Street Address (P.O. Box Number is Not Acceptable)		
83		 	
83		 . ,	
		10-1	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	D DELETE	1. 1 TITLE	☐ Change ☐ Addition
AME	TORAL, RODOLFO	1.2 NAME	
INFFT ADDRESS	905 SULTAN AVE.	13 STREET ADDRESS	
TY-S1-ZIP	OPA LOCKA FL 33054	14 CHY-ST-ZIP	
TLE.	DELETE	2 1 TITLE	Cnange Addition
AME		2.2 NAME	
TREET ADDRESS		2 3 STREET ADDRESS	
iTY-ST-ZIP		2 4 CITY - ST - ZIP	
ITLE	DELETE	3 1 TITLE	☐ Change ☐ Addition
IAME		. 32 NAME	
TREET ADDRESS		3.3. STREET ADDRESS	
Sily - SI - ZiP		3 4 CITY - ST - ZIP	
ILE	☐ DELETE	4. 1 TITLE	Change Additio
AME		4.2 NAME	
THEFT ADDRESS		4.3 STREET ADDRESS	
ITY - S1 - ZIP		4.4 CITY - ST - ZIP	
ITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition
IAME		5.2 NAME	
TREE ADDRESS		5.3 STREET ADORESS	
-TY-ST-ZIP		5.4 CITY - ST - ZIP	
ILE	DELETE	6. 1 TITLE	Change Additio
IAME		6.2 NAME	
STREET ADORESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY - ST - ZIP	

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), Fiorida 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 it 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE STOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Daytime Phone #