

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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 9:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000010322 (4)**

**1. Corporation Name  
EL MAYORISTA, CORP.**

**Principal Place of Business**

**8370 WEST FLAGLER ST.  
#110M  
MIAMI FL 33144**

**Mailing Address**

**8370 WEST FLAGLER ST.  
#110M  
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 02/10/1993**      **3a. Date of Last Report 04/25/1994**

**4. FEI Number 65-0378944**      **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**

**6. This corporation has liability for intangible tax under S 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt #, etc.

**22** City & State

**23** Zip      **25** Country

**2a. Mailing Address**

**26** Suite, Apt #, etc.

**27** City & State

**28** Zip      **30** Country

**9. Name and Address of Current Registered Agent**

**MESAS, JOSE  
8370 W. FLAGLER ST.  
#110M  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City      **85** Zip Code **FL**

**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 607.0905, Florida Statutes.**

**SIGNATURE**

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

*[Signature]*  
FEI Registered Agent signature (typed or printed name)

**DATE**

**4-21-95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>MESAS, JOSE</b>
<b>STREET ADDRESS</b>	<b>441 N.W. 109TH AVE. #1</b>
<b>CITY, ST, ZIP</b>	<b>MIAMI FL 33172</b>
<b>TITLE</b>	<b>STO</b>
<b>NAME</b>	<b>MESAS, MYRIAM N</b>
<b>STREET ADDRESS</b>	<b>441 N.W. 109TH AVE. #1</b>
<b>CITY, ST, ZIP</b>	<b>MIAMI FL 33172</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	

<b>1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY, ST, ZIP	
<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME	
<b>23</b> STREET ADDRESS	
<b>24</b> CITY, ST, ZIP	
<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY, ST, ZIP	
<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY, ST, ZIP	
<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY, ST, ZIP	
<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> CITY, ST, ZIP	

**14. I do hereby certify that the information supplied with this filing 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-95 (305) 552-9557**  
Date      (Typed Name)