

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 4:17



DOCUMENT # **P93000010322 (4)**

1. Corporation Name
EL MAYORISTA, CORP.

Principal Place of Business: **8370 WEST FLAGLER ST. #110M 118 MIAMI FL 33144**
Mailing Address: **8370 WEST FLAGLER ST. #110M 118 MIAMI FL 33144**

3. Date Incorporated or Qualified: **02/10/1993**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0378944**
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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **8370 WEST FLAGLER ST**
22 **118**
23 **MIAMI - FL.**
24 **33144**
25 **DADE**
2a. Mailing Address
26 **8370 WEST FLAGLER ST**
27 **118**
28 **MIAMI FL.**
29 **33144**
30 **DADE**

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: **MESAS, JOSE**
82 Street Address (P.O. Box Number is Not Acceptable): **8370 W. FLAGLER ST.**
83 **#118**
84 City: **MIAMI** FL 85 Zip Code: **33144**

11. Pursuant to the provisions of Sections 607.0507 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.

SIGNATURE: _____ (NOTE: Registered Agent signature requires witness participation) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESAS, JOSE	
STREET ADDRESS	441 N.W. 109TH AVE. #1	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MESAS, MYRIAM N	
STREET ADDRESS	441 N.W. 109TH AVE. #1	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3000001625472
-05/16/96--01120--016
****225.00 ****225.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 (305) 552-7557
DATE REGISTERED

CR2E034 (12/95)