

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000010322 (4)**

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

Principal Place of Business  
**8370 WEST FLAGLER ST.  
 #118  
 MIAMI FL 33144**

Mailing Address  
**8370 WEST FLAGLER ST.  
 #118  
 MIAMI FL 33144-2038**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc  
 22 City & State  
 23 Zip Country  
 24

26 Suite, Apt #, etc  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

**MESAS, JOSE  
 8370 W. FLAGLER ST.  
 #118  
 MIAMI FL 33144**

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

3. Date Incorporated or Qualified **02/10/1993**  
 3a. Date of Last Report **05/10/1996**  
 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**  
 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No  
 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), 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 607.15(6), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Print Name, Signature and Title of Agent and Title of Corporation) (Print Name, Signature and Title of Agent and Title of Corporation)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	MESAS, JOSE	
STREET ADDRESS	441 N.W. 109TH AVE. #1	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	STD	<input type="checkbox"/> DELETED
NAME	MESAS, MYRIAM N	
STREET ADDRESS	441 N.W. 109TH AVE. #1	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or comprehensive annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 amendment with an address.

SIGNATURE: *Jose Mesas* **JOSE MESAS 04-19-97 (305)552-9557**

CR2E034 (9/96)