FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033500 (8)**

1. Corporate Name
CATHETERIA ENTERPRISES CORPORATION

Principal Place of Business
14201 NW 60 AVE
MIAMI LAKES FL 33042

Mailing Address
14201 NW 60 AVE
MIAMI LAKES FL 33042

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: **05/07/1993**
3a. Date of Last Report: **06/03/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or Bldg. — 22 / 27
City & State — 23 / 28
Zip / County — 24 / 25 / 29 / 30

4. FEI Number: **65-0414485** — 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. The corporation was liable for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARCIA, ANTHONY
14201 NW 60 AVE
MIAMI LAKES FL 33042

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0501 and 607.1008 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 607.0505 Florida Statutes.

SIGNATURE: (If changing Registered Agent, Agent must sign here) (If changing Registered Agent, Agent's name must be typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U.S.	
51 Title	**PD**	51 Title	☐ Change ☐ Addition
52 Name	**GARCIA, ANTHONY**	52 Name	
53 Street Address	**14014 SW 42 TERR**	53 Street Address	
54 City, St, ZIP	**MIAMI FL 33175**	54 City, St, ZIP	
55 Title	**STD**	55 Title	☐ Change ☐ Addition
56 Name	**GARCIA, JOANNE**	56 Name	
57 Street Address	**14014 SW 42 TERR**	57 Street Address	
58 City, St, ZIP	**MIAMI FL 33175**	58 City, St, ZIP	
59 Title		59 Title	☐ Change ☐ Addition
60 Name		60 Name	
61 Street Address		61 Street Address	
62 City, St, ZIP		62 City, St, ZIP	
63 Title		63 Title	☐ Change ☐ Addition
64 Name		64 Name	
65 Street Address		65 Street Address	
66 City, St, ZIP		66 City, St, ZIP	
67 Title		67 Title	☐ Change ☐ Addition
68 Name		68 Name	
69 Street Address		69 Street Address	
70 City, St, ZIP		70 City, St, ZIP	
71 Title		71 Title	☐ Change ☐ Addition
72 Name		72 Name	
73 Street Address		73 Street Address	
74 City, St, ZIP		74 City, St, ZIP	
75 Title		75 Title	☐ Change ☐ Addition
76 Name		76 Name	
77 Street Address		77 Street Address	
78 City, St, ZIP		78 City, St, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk (*) in front of that address, identifying me as a person empowered to execute this report.

SIGNATURE: ✓ [signature] A. Garcia - Pres. 4/30/95 (305) 822-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084099 CP