

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049732
1. Corporation Name
Solis Cafeteria, Corp.

Principal Place of Business Mailing Address
3196 NW. 72nd Ave. Same
Miami, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/9/93 3a. Date of Last Report

4. FEI Number 65-0420479 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA O. Solis
1925 W. 82nd
Miami FL 33155

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

DATE: Registered Agent signature required after registering

DATE

12. OFFICERS AND DIRECTORS
TITLE A/O
NAME Solis Enrique D.
STREET ADDRESS 1925 SW. 82nd
CITY ST ZIP Miami FL 33155
TITLE A/O
NAME Solis Maria C.
STREET ADDRESS 1925 SW. 82nd
CITY ST ZIP Miami, FL 33155
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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NAME
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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE President ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE Secretary & Treasurer ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
7/5/95

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****200.00 ****200.00

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

4/28/95

305-592-2899