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 APR 24 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069420 (6)**

1. Corporation Name
LA ISLA CAFETERIA INC.

Principal Place of Business	Mailing Address
2009 NW 20 ST MIAMI FL	2009 NW 20 ST MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/06/1993	02/23/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0439378	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENA, MANUEL 673 W. 30 ST. HIALEAH FL 33012	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVERO, FRANCISCO	1.2 NAME	Francisco Rivero	
STREET ADDRESS	271 W 42 ST	1.3 STREET ADDRESS	271 W 42 ST.	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	Hialeah Fl. 33012	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	PRADO, JUSTO A	2.2 NAME	Justo A Prado	
STREET ADDRESS	14531 SW 52 ST	2.3 STREET ADDRESS	14531 NW 52 ST.	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	Miami Fl. 33145	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	PENA, MANUEL	3.2 NAME	Manuel Pena	
STREET ADDRESS	673 W 30 ST	3.3 STREET ADDRESS	673 NW 111 Terr.	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	Miami Fl. 33012	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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, added, or deleted.

SIGNATURE: _____ 2/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0152090, CP