


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

FILED
May 07 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 # P 94000016768 1. Corporation Name J. R. CAFETERIA INC.					
Principal Place of Business 2964 NW 14 ST MIAMI FL 33125		Mailing Address 2964 NW 14 ST MIAMI FL 33125			
2. Principal Place of Business 21. State: FL		2a. Mailing Address 26. Suite, Apt. #, etc.:		3. Date Incorporated or Qualified: 03/03/94 3a. Date of Last Report: 4/17/96	
22. City & State:		27. City & State:		4. FEI Number: 65-0473705 Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
23. Zip:		28. Zip:		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country:		29. Country:		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country:		30. Country:		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSALES, ROLANDO 2964 NW 14 ST MIAMI FL 33125			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 607.0502 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
12.1 TITLE: P/D 12.2 NAME: ROLANDO ROSALES 12.3 STREET ADDRESS: 2964 NW 14 ST 12.4 CITY-STATE-ZIP: MIAMI FL 33125 <input type="checkbox"/> DELETE					
12.5 TITLE: S/T/D 12.6 NAME: LILA ROSALES 12.7 STREET ADDRESS: 2964 NW 14 ST 12.8 CITY-STATE-ZIP: MIAMI FL 33125 <input type="checkbox"/> DELETE					
12.9 TITLE: 12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY-STATE-ZIP: <input type="checkbox"/> DELETE					
12.13 TITLE: 12.14 NAME: 12.15 STREET ADDRESS: 12.16 CITY-STATE-ZIP: <input type="checkbox"/> DELETE					
12.17 TITLE: 12.18 NAME: 12.19 STREET ADDRESS: 12.20 CITY-STATE-ZIP: <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
13.1 TITLE: 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.5 TITLE: 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.9 TITLE: 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.13 TITLE: 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.17 TITLE: 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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13.25 TITLE: 13.26 NAME: 13.27 STREET ADDRESS: 13.28 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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13.61 TITLE: 13.62 NAME: 13.63 STREET ADDRESS: 13.64 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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13.81 TITLE: 13.82 NAME: 13.83 STREET ADDRESS: 13.84 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.85 TITLE: 13.86 NAME: 13.87 STREET ADDRESS: 13.88 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.89 TITLE: 13.90 NAME: 13.91 STREET ADDRESS: 13.92 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.93 TITLE: 13.94 NAME: 13.95 STREET ADDRESS: 13.96 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13.97 TITLE: 13.98 NAME: 13.99 STREET ADDRESS: 13.100 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Lila Rosales</u> SECRETARY 4/25/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

DO NOT WRITE IN THESE SPACES