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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022103 (3)

DON LLIZO CAFE, INC.

Principal Place of Business Mailing Address 8754 SW 13 ST 6754 SW 13 ST MIAMI FL 33144 MIAMI FL 33144-5521					
				3. Date incorporated or Qualifie 03/22/1994	3a. Date of Last Report 03/14/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0477736	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z.p	Country	Zip	Country		for in angible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cur			10. Name and Address of New	Registered Agent
LLI2	O, SERAFIN A		81 Name		
675	4 SW 13 ST		82 Street Add	dress (P.O. Box Number is Not Acce	otable)
MIAMI FL 33144			Siree; Add	areas (F.O. DOX Number is 1401 Accep	Siable)
			63		
			84 City		los I Zin Codo
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the	ne purpose of changing its registered
office or I	registered agent, or both, in the St am farmhar with, and accept the ob	tate of Florida. Such change wa nt.gations of. Section 607.0505.	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby a	ccept the appointment as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Signature, typical or printed harne of registeres	ragem and sile if applicable (N	OTE: Registered Agent signature requ	ireo when reinstating)	DATE
12.		AND DIRECTORS	13,	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LLIZO, SERAFIN A		1.2 NAME		
STREET ADDRESS	6754 SW 13 ST		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33144		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	LLIZO, SARAH		2.2 NAME		
STREET ADDRESS	6754 SW 13 ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33144		2 4 CITY-ST-ZIP		
TIT:E	D ANTONIO V	[] DELETE	3 1 TITLE		Change Addition
NAME	LLIZO, ANTONIO V		3 2 NAME		
STREET ADDRESS	6754 SW 13 ST		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144	No. sta	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		l
CITY-ST-ZIP		Dr. etc	4.4 CITY-ST-ZIP		Chance desired
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		POLETE	5.4 CITY-\$T-ZIP		Change Audition
TITLE		☐ D€LETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

14. For hereby certify that the information supplied with this filing 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 truetee 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, A. an attachment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State