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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025325 (9)

LAS CANAS CAFETERIA, INC.

FILED Jun 19 1997 8:00am Secretary of State

| 3. Date incorporated or Qualified 0.3/30/1998 2. Principal Place of Business 2e. Mailing Address 4. FET Number 65-0492402 No. Applied For 21 No. Applied For 22 No. Applied For 25 Suite, Apt. #, etc. 5. Certificate of Status Desired 56-0492402 No. Applied For No. Applied For 27 No. Applied For 27 No. Applied For 28 State 5. Certificate of Status Desired 5ee Required | Principal Place 3203 NW 17TH MIAMI FL 3314 | I AVE | Mailing Address 3203 NW 17TH AVE MIAMI FL 33142-6162 | | | - | | | |
|--|--|--|---|---|--|---|--------------|-----------------------------|----------------------------|
| 25 26 Suite, Apt. #, etc. Suite, Apt | | | | | | | | | eport |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | L | Place of Business | 1 | | | | | | |
| City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country St. This corporation has liability for intensible tax under s. 199.032, Florida Statutes Zip Yes No No Name and Address of Current Registered Agent Name and Address of New Registered Agent Name St. This corporation has liability for intensible tax under s. 199.032, Florida Statutes Zip Yes No No Name and Address of New Registered Agent Name St. This corporation submits this statement for the propose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Sig | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | \$8.75 | Additional |
| Zip Country Zip Country Zip Country B. This corporation has liability for integrable tax under s. 199,032, Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VALDERRAMA, ISRAEL 3203 NW 17TH AVE MIAMI FL 33142 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 ITILE 1.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS Change Addition DELETE 2.1 TITLE D Change Addition Change Addition | City & State | е | City & State | | | | | \$5.00 | May Be |
| VALDERRAMA, ISRAEL 3203 NW 17TH AVE MIAMI FL 33142 10. Name and Address of New Registered Agent VALDERRAMA, ISRAEL 3203 NW 17TH AVE MIAMI FL 33142 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D | Zιρ | | Zip | | ntry . | 8. This corporation has liability for | r intangible | tax under s. | |
| VALDERRAMA, ISRAEL 3203 NW 17TH AVE MIAMI FL 33142 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL B5 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or picked name of registered agent and litter applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 1.1 ITILE NAME VALDERRAMA, ISRAEL STREET ADDRESS CITY-SI-ZIP MIAMI FL 33142 1.4 CITY-SI-ZIP TITLE D DELETE 2.1 TITLE | 24 | | | 30 | | | | | |
| 3203 NW 17TH AVE MIAMI FL 33142 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 horeby 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 it applicable (NOTE: Registered Agent signature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Addition VALDERRAMA, ISRAEL 1.2 NAME STREET ADDRESS 3203 NW 17TH AVE 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 1.4 CITY-ST-ZIP Change Addition | VAL | | | | 81 Name | 19. HORRA WING MORRES OF HEW P | - Sieroied 1 | Aour | |
| 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 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 registured agent and title it applicable. NOTE: Registered Agent signature required when reinstating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition Addition TITLE DELETE 1.1 TITLE 1.3 SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 DELETE 2.1 TITLE Change Addition | 3203 | 3 NW 17TH AVE | | | 82 Street Addr | ress (P.O. Box Number is Not Accepta | able) | | |
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| SIGNATURE Signature, typed or printed name of registured agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE | 11, Pursuant office or r | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig |)2 and 607.1508, Florida Statute of Florida. Such change was a sations of Section 607.0505. Flo | es, the ab authorized orida Statu | ove-named corp by the corporatites. | poration submits this statement for the tion's board of directors. I hereby acc | | changing its ointment as | s registered registered |
| Signature, typed or printed name of registured agent and title-it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D VALDERRAMA, ISRAEL STREET ADDRESS CITY-ST-ZIP TITLE D Change DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition | 1 | , | , | | | | | | |
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I do 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 logal 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.