

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000035557 (5)**

1. Corporation Name

EL PAN CON ?, INC.



Principal Place of Business

Mailing Address

**7744 N.W. 64TH ST.
MIAMI FL 33166**

**7744 N.W. 64TH ST.
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0498178

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

**CARIDAD PEGUERO
7744 NW 64TH STREET
MIAMI FL 33166**

81 Name

MARIO FALCON

82 Street Address (P.O. Box Number is Not Acceptable)

8261 NW 8th St #432

83

Miami, FL 33126

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

Mario Falcon

MARIO FALCON

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRED	<input checked="" type="checkbox"/> DELETE
NAME	CARIDAD PEGUERO	
STREET ADDRESS	7744 NW 64TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	PEDRO PEGUERO	
STREET ADDRESS	7744 NW 64TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARIO FALCON	
1.3 STREET ADDRESS	8261 NW 8th St #432	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	Sec. Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CONCEPCION FALCON	
2.3 STREET ADDRESS	8261 NW 8th St. #432	
2.4 CITY-ST-ZIP	Miami, FL 33126	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *Mario Falcon*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)