

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037443 (6)

1. Corporation Name

ANADI'S CATERING CORPORATION

500001510155

-06/09/95--01086--017

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12895 S.W. 42ND STREET 12895 S.W. 42ND STREET
MIAMI FL 33175 MIAMI FL 33175

3. Date incorporated or Qualified 05/18/1994 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 SAME 26 SAME

4. FEI Number 65-0492051 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

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

ALONSO, WENCESLAO
12895 S.W. 42ND STREET
MIAMI FL 33175

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(JAT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALONSO, WENCESLAO
STREET ADDRESS 12895 S.W. 42ND ST.
CITY, ST, ZIP MIAMI FL 33175

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE VD
NAME ALONSO, NORA
STREET ADDRESS 12895 S.W. 42ND ST.
CITY, ST, ZIP MIAMI FL 33175

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE SD
NAME ALONSO, JAVIER
STREET ADDRESS 12895 S.W. 42ND ST.
CITY, ST, ZIP MIAMI FL 33175

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE TD
NAME ALONSO, JUAN C
STREET ADDRESS 12895 S.W. 42ND ST.
CITY, ST, ZIP MIAMI FL 33175

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change 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 110.07(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:

Juan Carlos Alonso
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-26-95 (205) 553-6423
Date Signature