

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

**APPROVED
AND
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97 APR 30 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000038529 (1)

1. Corporation Name
JUVI OF MIAMI CAFETERIA INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0490268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE 2300 CORAL WAY #200 MIAMI FL 33145	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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]* **AMADA CANTERA LOPEZ, PRES** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P/D. RODRIGUEZ JUAN C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, JUAN C	115 SW 57 CT	1.2 NAME 115 S.W. 57 CT.	
STREET ADDRESS 7951 S.W. 198TH ST.	MIAMI, FL 33144	1.3 STREET ADDRESS MIAMI FLORIDA 33144	
CITY-ST-ZIP MIAMI FL 33189		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE S/D. RODRIGUEZ VIVIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, VIVIAN		2.2 NAME 115 S.W. 57CT.	
STREET ADDRESS 7951 S.W. 198TH ST.		2.3 STREET ADDRESS MIAMI FLORIDA 33144	
CITY-ST-ZIP MIAMI FL 33189		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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******165.00 ****165.00**

14. 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 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: *[Signature]* **JUAN C. RODRIGUEZ** NAME OF SIGNER, OFFICER OR DIRECTOR DATE: **4/23/97** Daytime Phone #: **0203006**

CR2E034 (9/96)