

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

APPROVED
AND
FILED

99 APR -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Quoted: **05/23/1994**
- 4. FEI Number: **65-0490268** 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 owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P94000038529

1. Corporation Name
JUVI OF MIAMI CAFETERIA INC.

Principal Place of Business: **2300 CORAL WAY #200 MIAMI FL 33145**
Mailing Address: **2300 CORAL WAY #200 MIAMI FL 33145**

2. Principal Place of Business: **21 2300 CORAL WAY SUITE # 200 MIAMI FLORIDA 33145 U.S.**
2a. Mailing Address: **26 2300 CORAL WAY SUITE # 200 MIAMI FLORIDA 33145 U.S.**

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 **FL**

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**

3/29/99

12. OFFICERS AND DIRECTORS

TITLE: PD	[] DELETE
NAME: RODRIGUEZ, JUAN C	
STREET ADDRESS: 115 S.W. 57 CT.	
CITY-ST-ZIP: MIAMI FL 33144	
TITLE: SD	[] DELETE
NAME: RODRIGUEZ, VIVAN	
STREET ADDRESS: 115 S.W. 57 CT.	
CITY-ST-ZIP: MIAMI FL 33144	
TITLE:	[] DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	[] DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	[] DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	[] Change [] Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE:	[] Change [] Addition
22 NAME:	S/D/ RODRIGUEZ MARTH RITA
23 STREET ADDRESS:	20201 S.W. 200 STREET
24 CITY-ST-ZIP:	HOMESTEAD FLORIDA 33187
31 TITLE:	[] Change [] Addition
32 NAME:	
33 STREET ADDRESS:	200002837372-6
34 CITY-ST-ZIP:	-04/13/99--01010--006
41 TITLE:	[] Change [] Addition
42 NAME:	****150.00 ****150.00
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	[] Change [] Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	[] Change [] Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

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CR2E034 (11/98)