FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054820 (3)**

1. Corporation Name
LUCIANO CAFETERIA, INC.

Principal Place of Business	Mailing Address
7241 S.W. 24TH ST. MIAMI FL	7241 S.W. 24TH ST. MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 1036 S.W. 1 ST.	26	65-0553522	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 MIAMI FLORIDA.	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33130 / 25 US.	Zip / Country 29 / 30	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
FLORIDA ANNUAL REPORT SERVICE **1036 S.W. 1ST ST.** **MIAMI FL 33130**	81 Name: FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST. 83 84 City: MIAMI **FL** 85 Zip Code: 33130

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 4/25/95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BORROTO, LUCIANO	12 NAME	
STREET ADDRESS	5715 S.W. 2ND TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BORROTO, VICTORIA	22 NAME	
STREET ADDRESS	5715 S.W. 2ND TERRACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	24 CITY ST ZIP	000001471850 -05/02/95--01157--002 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition ****200.00
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

APR 4/27

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)(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 the 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] PRES 4/25/95 305-545-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

LUCIANO BORROTO

014/005 CP