SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:57

DOCUMENT # **P94000057253 (4)**

1. Corporation Name
BAY AREA CAFETERIA, INC.

Principal Place of Business	Mailing Address
472 EAST DOUGLAS ROAD OLDSMAR FL 34677	472 EAST DOUGLAS ROAD OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1994**	3a. Date of Last Report:
4. FEI Number: **59-3258993**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VILLART, JUAN C
7219 N. HUBERT ST.
TAMPA FL 33614

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Required: Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD VILLARTA, JUAN C 7219 NORTH HUBERT ST. TAMPA FL 33614	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PRESIDENT/TREASURE VILLALTA, JUAN C 7219 NORTH HUBERT ST. TAMPA, FL 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD SANTIAGO, PEDRO E 4926 CYPRESS TRACE DR. TAMPA FL 33624	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	V/PRESIDENT/SECRETARY VILLALTA, ROSA M 7219 NORTH HUBERT ST. TAMPA, FL 33614.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD SANTIAGO, CARIDAD E 4926 CYPRESS TRACE DR. TAMPA FL 33624	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD VILLARTA, ROSA M 7219 NORTH HUBERT ST TAMPA FL 33614	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

14. I (We) 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, above.

SIGNATURE: Juan Carlos Villalta
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR)

JUAN C VILLALTA -- PRESIDENT

06/26/95 (813) 855-8166
(Date) (Telephone Number)

011033 CP