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 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086758 (7)**

1. Corporate Name
EL REY DEL ASADO, INC.

Principal Place of Business
901 S.W. 8TH STREET
MIAMI FL 33135

Mailing Address
901 S.W. 8TH STREET
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1994**
3a. Date of Last Report:

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

4. FEI Number: 65-0559803 — 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 authority to transact business in Florida under S. 607.0501, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
YEPES, DARIO D
901 S.W. 8TH STREET
MIAMI FL 33135

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 Section 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the 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
Registered Agent's Signature — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
PD	YEPES, DARIO D	1456 MARCELLES DRIVE	MIAMI BEACH FL 33141

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing, complying with Section 607.0501, Florida Statutes, is true and accurate. I further certify that the information indicated on the annual report or supplemental annual report, if any, 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 of the report or is added to the report with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 — 305-856-0480
Date — Daytime Phone #

0127214 CP