## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000086758 (7) **DOCUMENT #** 

EL REY DEL ASADO, INC.

Principal Place of Business Maiting Address												IOIII OTOIT OOFII D	Alla 8 Bitl 8 Billi			
901 S.W. 8TH STREET Miami Fl 33135			901 S.W. 8TH STREET MIAMI FL 33135													
										3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995			,			
	Principal Pl	ncipal Place of Business			2a. Mailing Address				4	AT ATTACAA				Applied For		
21	Suite, Apt.	# otc		26	Suite, Apt. #, etc.					+	65-0559	803			Not Applicable	
22					27					5. Certificate of Stat	us Desired			5 Additional Required		
23	City & State	ity & State			City & State					6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
	Zφ	Country Zip				C	Country				3. This corporation I	nas liability for	intangible ta			
24			25	29	·	30					Florida Statutes		□ No		•	
Name and Address of Current Registered Agent								T		10	D. Name and Addr	ess of New F	Registered A	Agent		
								Na	ame							
YEPES, DARIO D 901 S.W. 8TH STREET							82	St	reet Addre	ess (l	P.O. Box Number is	Not Acceptab	ole)			
MIAMI FL 33135							83	<del>                                     </del>								
							84	Cir	tv					85 2	Zip Code	
								1	•				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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													registered office ed agent. I am			
SIG	GNATURE ,	·														
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE R  12. OFFICERS AND DIRECTORS							egistered Agent signature required v					1050.70.055	DATE	DIRECT		
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	Y-ST-ZIP		BEACH FL 33141				CITY-S									
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on	Y-ST-ZIP	<u> </u>				3.4	City-S	ST - <i>Ž</i> IP								
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NAN	ME					4.2	NAME		-							
STR	EET ADDRESS					4.3	STREET	ADDR	ESS							

6 4 CITY-ST-2IP 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)(k), 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 cath; 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, go on an attachment with an address.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6 1 THILE

62 NAME

SIGNATURE: \*

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

x. 4-16-96 856-0480.

Change

Change

Addition

☐ Addition