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**APPROVED AND FILED**

**MAY -1 PM 1:50**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Montfort  
Secretary of State  
Capital Building, Tallahassee, Florida

**DOCUMENT # P94000087559 (8)**

1. Corporation Name:

**CUBA LIBRE RESTAURANT, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business:

**770 WEST 56TH STREET  
HIALEAH FL 33012**

3. Mailing Address:

**770 WEST 56TH STREET  
HIALEAH FL 33012**

(If fact write in this space)

3. Date first organized or organized  
**12/02/1994**

3a. Date of Last Report

21. Principal Executive Officers:

21

28. Mailing Address:

28

4. FIC Number:

**65-0556156**

Applied For  
Not Applicable

22. State App. # (if any)

22

27. State App. # (if any)

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24. (a) Name

24

25. Capacity

25

29. City

29

30. Capacity

30

8. This corporation has applied for incorporation under the  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GARCIA, ROSARIO  
770 WEST 56TH STREET  
HIALEAH FL 33012**

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 607.01(2)(a) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for receipt of reports or profits in the State of Florida. Such change was indicated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby withdrawing my appointment as agent under Florida Statutes.

SIGNATURE

(Signature of Agent or Agent-in-Charge)

(Signature of Agent or Agent-in-Charge)

87

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

|                    |                       |
|--------------------|-----------------------|
| 1. NAME            | PD<br>GARCIA, ROSARIO |
| 2. STREET ADDRESS  | 770 W. 56TH ST.       |
| 3. CITY & STATE    | HIALEAH FL 33012      |
| 4. NAME            |                       |
| 5. STREET ADDRESS  |                       |
| 6. CITY & STATE    |                       |
| 7. NAME            |                       |
| 8. STREET ADDRESS  |                       |
| 9. CITY & STATE    |                       |
| 10. NAME           |                       |
| 11. STREET ADDRESS |                       |
| 12. CITY & STATE   |                       |
| 13. NAME           |                       |
| 14. STREET ADDRESS |                       |
| 15. CITY & STATE   |                       |

|          |   |
|----------|---|
| 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME  |   |
| 3. NAME  |   |
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| 8. NAME  |   |
| 9. NAME  |   |
| 10. NAME |   |
| 11. NAME |   |
| 12. NAME |   |
| 13. NAME |   |
| 14. NAME |   |
| 15. NAME |   |

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 607.01(2)(b), Florida Statutes. Furthermore, that the information included in 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 this corporation or that I am an individual empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached addendum.

SIGNATURE: *Rosario Garcia*  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROSARIO  
GARCIA 4/29-95 362-9139**