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**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**

Principal Place of Business: **770 WEST 56TH STREET HIALEAH FL 33012**
Mailing Address: **770 WEST 56TH STREET HIALEAH FL 33012**

(If fact write in this space)

3. Date first organized or organized	3a. Date of Last Report
12/02/1994	
4. FIC Number	Applied For Not Applicable
65-0556156	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has applied for incorporation under the Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2b. Mailing Address
21. State: April 1995	26. State: April 1995
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

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 advised of and accept the appointment of Sections 607.01(2)(a) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	PD GARCIA, ROSARIO	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	770 W. 56TH ST.	2. NAME	
3. CITY & STATE	HIALEAH FL 33012	3. STREET ADDRESS	
4. NAME		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. NAME	
6. CITY & STATE		6. STREET ADDRESS	
7. NAME		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. NAME	
9. CITY & STATE		9. STREET ADDRESS	
10. NAME		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. NAME	
12. CITY & STATE		12. STREET ADDRESS	
13. NAME		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY & STATE		15. STREET ADDRESS	

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 authorized representative 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* **ROSARIO GARCIA** 4/29-95 362-9139
DATE OF SIGNATURE