

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088653 (8)**

1. Corporation Name  
**EL CAFETAL, INC.**



Principal Place of Business: **7649 PINES BLVD, PEMBROKE PINES FL 33024 US**  
Mailing Address: **7649 PINE SBLVD, PEMBROKE PINES FL 33024 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/07/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. Fil Number <b>05-0539720</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MADRID, ALFREDO  
11756 S.W. 117TH PLACE  
MIAMI FL 33186**

**10. Name and Address of New Registered Agent**

81 Name: **Miguel Gonzalez**  
82 Street Address (P.O. Box Number is Not Acceptable): **9992 Twin Lakes**  
83 City: **Carol Springs FL**  
84 Zip Code: **33071**

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: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MADRID, ALFREDO</b>		1.2 NAME: <b>Miguel Gonzalez</b>	
STREET ADDRESS: <b>11756 S.W. 117TH PLACE</b>		1.3 STREET ADDRESS: <b>9992 Twin Lakes</b>	
CITY-ST-ZIP: <b>MIAMI FL 33186</b>		1.4 CITY-ST-ZIP: <b>Carol Springs, FL 33071</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CARDONA, NELSON</b>		2.2 NAME: <b>CONSIDERO SAUCIER</b>	
STREET ADDRESS: <b>11756 S.W. 117TH PLACE</b>		2.3 STREET ADDRESS: <b>9951 SW 9 COURT</b>	
CITY-ST-ZIP: <b>MIAMI FL</b>		2.4 CITY-ST-ZIP: <b>PEMBROKE PINES FL 33021</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CARDONA, HILDA</b>		3.2 NAME:	
STREET ADDRESS: <b>11756 S.W. 117TH PLACE</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		3.4 CITY-ST-ZIP:	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ARANGO-MADRID, LUZ P</b>		4.2 NAME:	
STREET ADDRESS: <b>11756 S.W. 117TH PLACE</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL 33186</b>		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-8-96**  
Daytime Phone #

CR2E034 (12/95)