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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000011616 (6)**

1. Corporation Name
LA TAVERNA ESPANOLA, INC.

Principal Place of Business	Mailing Address
16440 NE 26TH AVE NORTH MIAMI BEACH FL 33160	16440 NE 26TH AVE NORTH MIAMI BEACH FL 33160-4033

3. Date Incorporated or Qualified: 02/08/1995
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21: 17044 W. DIXIE HWY
Suite, Apt. #, etc. 22:
City & State 23: N. MIAMI BEACH FL.
Zip 24: 33160 Country 25: DADE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0564096 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHEMERINSKI, DEBORA
201 GALEN DR
SUITE 304
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: ERNESTO ARDUZ
82 Street Address (P.O. Box Number is Not Acceptable): 17044 W. DIXIE HWY
83:
84 City: N. MIAMI BEACH FL 85 Zip Code: 33160

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: E Arduz — 04/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, JUAN	1.2 NAME	VOID
STREET ADDRESS	16440 NE 26TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, DIANA	2.2 NAME	VOID
STREET ADDRESS	16440 NE 26TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARDUZ, ERNESTO T	3.2 NAME	DIRECTOR ARDUZ ERNESTO
STREET ADDRESS	16448 NE 26TH AVE	3.3 STREET ADDRESS	17044 W. DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33160
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARDUZ, CLAUDIA	4.2 NAME	DIRECTOR ARDUZ CLAUDIA
STREET ADDRESS	16448 NE 26TH AVE	4.3 STREET ADDRESS	17044 W. DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	4.4 CITY-ST-ZIP	N. MIAMI BEACH FL. 33160
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: E Arduz — 04/24/97 — (305)9199828