

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 NOV 25 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham, Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000031883 (8)  
 1. Corporation Name  
**QUISQUELLA RESTAURANT AND LUNCH # 1, INC.**  
*1996 REINSTATEMENT*

Principal Place of Business Mailing Address  
 9513 N.W. 27TH AVENUE MIAMI FL 33147  
 9513 N.W. 27TH AVENUE MIAMI FL 33147

2. Principal Place of Business 2a. Mailing Address  
 21 9513 N.W. 27th Ave 28 *Send*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Miami Florida 27  
 City & State City & State  
 23 33147 28  
 Zip Country Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
 04/19/1985  
 4. FEI Number Applied For  
 65-0602932 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  
 ACEBEDO, CONCEPCION  
 9513 N.W. 27TH AVENUE  
 MIAMI FL 33147

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ACEBEDO, CONCEPCION 9513 N.W. 27TH AVENUE MIAMI FL 33147	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	500002017105--9
STREET ADDRESS		1.3 STREET ADDRESS	-12/02/96--01041--001
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***300.00 ***300.00
TITLE	VPD ACEBEDO, EUSTAGUO 9513 N.W. 27TH AVENUE MIAMI FL 33147	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	500002017105--9
STREET ADDRESS		2.3 STREET ADDRESS	-12/02/96--01041--002
CITY-ST-ZIP		2.4 CITY-ST-ZIP	***75.00 ***75.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	11-25-96
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

REINSTATEMENT  
*U. Navarro*  
 11-25-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Concepcion Acebedo* Date: *6-16-96*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E04 (3/96)