## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

ZACAPA CAFETERIA, INC.

Principal Place of Business

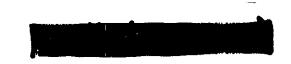
Mailing Address

1050-A West Flagler Street Miami, Florida 33130

Same

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

									3. Date Incorporated or Qualified				
	N	<del></del>	A- Madia	a Address					4. FEI Number		IAG	olied For	
2. Principal P	face of Busin	H-1	2a. Mailing Address								Not Applicable		
Suite, Apt. #, etc.			Suite, Apt #, etc.						65-0646918	\$8		dditional	
22 Sune, Apr.	#, etc.	27	<del></del>					5. Certificate of Status Desired Fee Required					
City & Stat	e	City & State						6. Election Campaign Financing \$5.00 May Be					
23		28						Trust Fund Contribution	Ac	ided to	Fees		
Zιρ		Country	Zıp		L Cou	untry			8. This corporation owes or has paid the				
24	]:	29	h					Personal Property Tax due June 30. L Yes 💆 No					
	9. Name	and Address of Curren	t Registered A	\gent		10. Name and Address of New Registered Agent							
						81	Name						
Jo	se Mij	ares					Street Ad	ddres	ss (P.O. Box Number is Not Acceptable)				
		r Stree	Street										
		lorida 331											
		101144 331	•		•	84	City			. 85	Zip C	ode.	
						04	City		F	: <u>L</u>  °°	Zip C		
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									(when reconstating) OATE				
12.	Signature, typed o	or printed name of registered agor OFFICERS AND		DIE (NOT	13.	на Аде	ni signalue re	duirea	ADDITIONS/CHANGES TO OFFICERS A		CTOR	S IN 12	
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CHY-S1-ZIP	oortify that the	information supplied wi	th this filing do	sae not quality fr				in S	action 119 07(3)(i) Florida Statutes, Lifurther	certify th	at the	information	

I nereby certity 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 logal effect as if made under oath; that I am an officer or director of the exportation 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 artidress.