

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095814 (6)

1. Corporation Name

HONDURAS MAYA RESTAURANT & CAFETERIA INC.

Principal Place of Business	Mailing Address
1115 SW 27TH AVENUE MIAMI FL 33135	1115 SW 27TH AVENUE MIAMI FL 33135-4721

3. Date Incorporated or Qualified 12/19/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	City & State	27	City & State
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23	Zip	Country	28	Zip	Country
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24	25	29	30
c. Name and Address of Current Registered Agent			

4. FEI Number 65-0628310	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
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MEJIA, ANA M 1115 SW 27TH AVENUE MIAMI FL 33135	81	Name
	82	Street Address
	83	
	84	City

10. Name and Address of New Registered Agent

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, 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	PSTD MEJIA, ANA M 1115 SW 27TH AVENUE MIAMI FL 33135	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.4 CITY - ST - ZIP
STREET ADDRESS			3.1 TITLE
CITY - ST - ZIP			3.2 NAME
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.3 STREET ADDRESS
STREET ADDRESS			3.4 CITY - ST - ZIP
CITY - ST - ZIP			4.1 TITLE
TITLE		<input type="checkbox"/> DELETE	<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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.4 CITY - ST - ZIP
STREET ADDRESS			6.1 TITLE
CITY - ST - ZIP			6.2 NAME
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.3 STREET ADDRESS
STREET ADDRESS			6.4 CITY - ST - ZIP
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95
Date

Daytime Phone #

0185531

CR2E034 (9/96)