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

Mailing Address

2a. Mailing Address

12085 OKEECHOBEE ROAD MIAMI GARDENS FL 33018-2919

PROFIT CORPORATION. ANNUAL REPORT

1997

Principal Prace of Business

12085 OKEECHOBEE ROAD

MIAMI GARDENS FL 33016

011Y-S1-7P 1.18

STREET ADDRESS

14. I do hereby certify that the information indicated in the

Lam an officer or de appears in Block

SIGNATURE:

CHY+\$1-2H

MAME

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 26 1997 8:00am

Secretary of State

3a. Date of Last Report

.... Change

Daytime Prione #

Addition

3. Date Incorporated or Qualified

01/11/1996

## Sandra B. Mortham

DIVISION OF CORPORATIONS

DOCUMENT # **P96000003751 (0)** 

R.R. CAFETERIA RESTAURANT, INC.

Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NUNEZ, ROLANDO** 3111 S.W. 109TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City 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 Signature, typed or problem name of region red agen, and title of applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Change Addition DELETE 1.1 TITLE 100 NUNEZ, ROLANDO NAME 1.2 NAME 3111 S.W.109 AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TIME ZAGALES, RAFAEL NAMS 2.2 NAME 14060 S.W. 43RD STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33175** CHY-ST-7/P 2 4 CITY - ST - ZIP DELETE ☐ Change ■ Addition 31 TITLE TIU: F 3.2 NAME NAVE 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C:TY - ST - ZIP □ DELETE ☐ Change Addition THE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY ST-Z# DELETE 51 TITLE Change Addition LIBE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY - ST-ZIP

ofornation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the

of tor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that also not the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

01/13/97

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

e corporation or the receiver or trustee empowered in Nethanged, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR