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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024684 (8)

CATERING BY MARIA JOSE ALMEIDA, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1997 8:00am Secretary of State



425 SW 64 AVE MIAMI FL 33144		425 SW 64 AVE MIAMI FL 33144-3724		·	
				3. Date Incorporated or Qualified 3a. Date of Last Report 3/20/1996 3/20/96	
2. Principal Place of Business 21. 4255W 64 Place 22. Mailing Address 23. Mailing Address 24. Mailing Address			164th Ave	4. FEI Number	Applied For
21		26 423 860 Suite, Apt. #, etc.	/ B + 1 1 4 -	65-0680548	Not Applicable \$8.75 Additional
22	.,, ••••	27	-	5. Certificate of Status Desired	Fee Required
City & State	in, Florida	City & State 28 M (AM)	PLonda	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24] 331	144 25 USA		Country SA	8. This corporation has liability for I Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
ALMEIDA, MARIA J 425 SW 64 AVE MIAMI FL 33144			81 Name WA		
			82 Street Address (P.O. Box Mumber is Not Acceptable)		le)
MILLIN	M FL 33144		B3		
	•				
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the above-named co	orporation submits this statement for the p	urpose of changing its registered
ottide or re agent. Lar	9g stered agent, or both, in the Si ni familiar with, and accept the of	tate of Horida. Such change was a oligations of, Section 607.0505, Flo	uthorized by the corpor rida Statutes.	ration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	NA	•	·		
	Signature, typed or printed name of registered		Registered Agent signature req		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE	MAKIA J. Alme	Ida DELETE	1.1 TITLE		Change Addition
NAME	OWNEY, Prosition 4255W GUTH A MIAMI Florid	T,CEO	1.2 NAME	·	
STREET ADDRESS	4253W 64TH K	tve 1. 221411	1.9 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIMMU I FILLIA	DELETE	1.4 CITY -ST - ZIP 2.1 TITLE		Change Addition
NAME					CT CHANGE CT MORNION
			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY: \$1-7IP TITLE		DELETE	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP			3.4. CITY-ST-ZIP		
THTLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4, 2 NAME		ا کی کھلانے ا
STREET ADDRESS			4.3 STREET ADDRESS	•	1 / // 1/4
City - St - ZiP			4,4 CITY-ST-ZIP		$\sim_{\mathcal{A}_{\mathcal{I}}}$
TITLE		DELETE	5.1 TITLE	<u> </u>	Dange Addition
NAME			5.2 NAME	-04/17/97011 ***165.00	01008
STEELT ADDRESS			5.3 STREET ADDRESS	ホホポ165 . UU	1
CiTy-\$1-7iP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	50000214 -04/1 <u>7/</u> 970110	6815
STREET ADDRESS			6.3 STREET ADDRESS	-04/17/970110	01008
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***8.75	
	y certify that the information supp	olied with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statute	s. 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 of Block 13 if changed, or on an attachment with an address.