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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000025313 (3)

COMIDA LISTA, INC.

## FILED May 05 1997 8:00am Secretary of State



Principal Place of Business 4234 SW 132ND COURT MIAMI FL 33175		Mailing Address 4234 SW 132ND COURT MIAMI FL 33175-3948		1 HOUNDER HIS TORIS CHITT COME SOUR SOURT BOTTE CLOSE CLUST RUIDER LIAAD RUIDES THE FOOL			
					3. Date Incorporated or Qualified 03/21/1996	3a. Date of L	ast Report
2. Principal Place of Business		2a. Mailing Address					Applied For Not Applicable
Suite, Ar	ot #, etc	Suite, Apt. #, etc.		<del></del>		¬ \$8.	75 Additional
		27			Certificate of Status Desired		ee Required
City & St	ate	City & State	4 144	·n	Election Campaign Financing     Trust Fund Contribution		.00 May Be ided to Fees
- Zip 3	Country	Zip	Count	ry	8. This corporation has liability for in		der s. 199.032,
]	25 g. Name and Address of Curr	29   rent Registered Agent	30		Florida Statutes	Yes No	
RI	ELLO, ALVARO		8	1 Name			· · · · · · · · · · · · · · · · · · ·
	234 SW 132ND COURT			5 Charak Ada	- (D.C. Roy N. poper in No. Appropriate	)o)	·
	IAMI FL 33175		8	Street Add	ress (P.O. Box Number is Not Acceptable		
			8	3			
			8	4 City		85	Zip Code
			<u></u>	1	poration submits this statement for the pution's board of directors. I hereby accep		
2.	OFFICERS /				ADDITIONS/CHANGES TO OFFICE	EDO ANO DIDEA	TODE IN 12
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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/12 it changed, or on an appear with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CHRECTOR

4/25/97 11 305 221-5705 Date Dayline Phone #