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PROFIT CORPORATION - ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000040813 (3)

EL TAMARINDO CAFETERIA, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business 9621 NW 27TH AVE. MIAMI FL 33147		Mailing Address 9621 NW 27TH AVE. MIAMI FL 33147-2403				T 198711987 110 JANUS ANNIN BONK BONN BONN BONN BONN BONN 1848) JIOOD NIN 1861			
minum EL QVII	**	THE STATE OF THE STATE OF				3. Date incorporated or Qualified 05/13/1996	3a . Da	ate of Last F	leport
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 65-0675955	•		pplied For ot Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.	,			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zıp	ļ	untry		8. This corporation has liability for i			. 199.032,
24	25 9. Name and Address of Cur	rent Registered Agent	30	, —		Florida Statutes 10. Name and Address of New Re		No Agent	
CI IZ	ZMAN, BERTILIA	Total negletored Agent		81	Name	10, traine and readings of from the	21010100	- Motor	
9621 NW 27TH AVE. MIAMI FL 33147				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
1110	MI 1 C 00 111			83					
				84	City		FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	tatutes, the a	above	-named corp	poration submits this statement for the p	UKOOSA O	f changing	ts registered
off.ce or i agent. La	registered agent or both, in the St am familiar with, and accept the ob	ate of Florida. Such change v Digations of, Section 607.050	was authorize 5, Florida Sta	ed by stutes	the corporat i.	ion's board of directors. I hereby accep	of the app	ointment as	registered
SIGNATURE	Signature, typicd or printed name of registered	i acent and tria if annimable	INOTE Registers	ad Ada	ot signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		*	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
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NAME	GUZMAN, BERTILIA		1.2 N	NAME					
STREET ADDRESS	18985 NW 63 CT. CIR.		1.3 S	STREET	ADDRESS				
DITY-ST ZIP	MIAMI FL 33015			CITY-S	T-ZIP				
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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 13 if changed, or on an attachment with an address.

SIGNATURE

ONDITUDE AND THE OF PAINTED NAME OF SONING OFFICER OR DIRECTOR

2/18/97 (305) 693-3997