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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000046243 (7) L

Principal Place of Business

TITLE

TITLE

"IAME

TITLE

HAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CONCHITA CAFETERIA CORP. II

•		-											
101 SW 17 AVE. 101 SW 17 AVE.													
MIAMI, FL. 33135 MIAMI, FL. 3					35	5		DO NOT WRITE IN THIS SPACE					
							<b> </b>	3. Date Incorpo	rated or Qualif	ed			
								5/3	1/1996				
2. Principal Place of Business 2a, Mailing Address								4. FEI Number			\ A	pplied For	
21		26					65-	067516	6		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				$\neg \neg$	5. Certifcate of	Ctatus Dosires		\$8.75	Additional		
22		27						5. Certificate of	Status Desiret	' LJ	Fee F	Required	
City & Stat	le	City & State						6. Election Campaign Financing \$5.00 May Be					
23		28 -						Trust Fund C	ontribution		Added	to Fees	
Zip	Country	Zip	_	Cour	ntry		-	8. This corporat		urrent year in	-		
24	25	29	30	0				Personal Pro	<u> </u>		☐ Yes	□N <sub>0</sub>	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
	DAVILA, HORTENC	IA C.	**	i	81	Name						•	
2030 NW 8 ST.						Street	reet Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL. 33125													
		_		ļ	83	i							
				ŀ	84	City				F-1	85 Zip	Code	
										FL	<del>-</del> 1 1		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508 Florida, Such	l, Florida Statutes, Lichange was auth	, the ab	hv i	-named the com	corpora cration's	tion submits this board of directo	statement for t rs. I hereby ac	he purpose of cept the appo	f changing it ≀ntment as r	s registered eaistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section	607 0505, Florid	a Statu	tes.		0,000						
SIGNATURE	Wholesucies:	Tist						A-PRESI	DENT	4/30/9	9		
	Signature, typed or printed name of registered egent a		<u>`                                 </u>	<u> </u>	Agent	l signature o	required wh	en reinstating) ADDITIONS/C	LIANCES TO	DATE	ND DIRECT	ODS IN 12	
12. /	OFFICERS AND	DIRECTORS	DELETE	13. 1.1 TITI			г	ADDITIONS/C	HANGES TO	OFFICERS A	Change		
TITLE	DP   DAVILA, HORTENCI	3 0	C) DECENE	ł			DV	MACEDA	CTADV	<u>_</u>		25	
: IAME	2030 NW 8 ST.	A C.		1.2 NA				MASEDA,					
STREET ADDRESS					1	11 NW 32		KEAK)					
JITY-ST-ZIP	MIAMI, FL. 33125		K) DELETE		_	-ZIP	MIA	MI, FL.	33142	<del> </del>	☐ Change	[ ] Addition	
IIILE	D		IV ACCE IE	2.1 TITLE			ļ				Charac		
HAME	2 2 100 - 1.		2.2 NAME										
STREET ADDRESS			2.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL. 33142		Closuste.	2.4 CIT		T-ZIP	ļ				Change	[ ] Addition	
TITLE.			☐ DELETE	3.1 TITL							□: Change	- Moodon	
HAME				3.2 NAV									
STREET ADDRESS						ADORESS	Į .						
CHY-ST-ZIP	,		Decemen	3.4. CIT		T-ZIP	<u> </u>				☐ Change	☐ Addition	
THE			□ DELETE	4.1 TITE	E		1						

14. I 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 oyyan attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

4/30/99

(305) 541-5088

Addition

Addition

☐ Change

May 17, 1999 8:00 am Secretary of State

05-17-1999 90061 021 \*\*\*150.00