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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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	F	ILED	
May	06	1997	8:00am
Sec	cret	ary of	State

KARL	JMENT # P 960 on Name .ITA SANDWICH SHOP	00058719-1/1 COMPANY			
Principal Plan	ce of Business	Mailing Address			
1745	.SW 1 ST.	1745 SW 1	err		
_		-7			
MAIM	II FL 33135	MIAMI PL 3	33130	3. Date Incorporated or Qualifi 07/12/96	ed 3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number 65 • 0688129	Applied For Not Applicable
Suite Apt	• N C4c.	Suite, Apt #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Sta □	HC.	City & State		6. Election Campaign Financin	
2 p	Country	Zip	Country	Trust Fund Contribution	Added to Fees for intangible tax under s. 199,032,
4	25	29	30	Florida Statutes	Yes No
	9. Name and Address of C	urrent Registered Agent	2413	10. Name and Address of New	Registered Agent
			81 Name	Jose Mijares	
	, ALFONSO		82 Street A	ddress (P.O. Box Number is Not Acce	ptable)
_	SW 1 ST		63		
MAIM	II FL 33135				
			84 City M	IANI	FL 85 Zip 33135
	am fair har with, and accept the	obligations of Section 607.0505	as authorized by the corpo , Florida Statutes.	corporation submits this statement for to prations board of directors. I hereby as	ccept the appointment as registered - —
SIGNATURI	Signature Typical or pointed name of register	red agent and title if applicable BS AND DIRECTORS	NOTE Registered Agent signature re	equired when reinstating)	FFICERS AND DIRECTORS IN 12
SIGNATURI 12. Hiti	Signature liqued or profited name of register OFFICER PST/D	nod agent and tille if adplicable	NOTE Registered Agent signature in 13.	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SIGNATURI 12. HIG IMME	Signature lyand or posted name of register OFFICER PST/D MIJARBS JOSE	red agent and title if applicable BS AND DIRECTORS	NOTE Registered Agent signature in 13. 11TITLE 12 NAME	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SIGNATURE 12. HIGH MANE SHEEL ANDRESS	Signature liqued or product name of registe OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST	red agent and title if applicable BS AND DIRECTORS	NOTE Registered Agent signature in 13. 11 TITLE 12 NAME 13 STREET ADDRESS	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SIGNATURE 12. HILE FAME SUBSTITUTES SUB	Signature lyand or posted name of register OFFICER PST/D MIJARBS JOSE	red agent and title if applicable BS AND DIRECTORS	NOTE Registered Agent signature in 13. 11TITLE 12 NAME	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. 14. 14. 14. 14. 14. 14. 14.	Signature liqued or product name of registe OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST	out agent and tile if applicable S AND DIRECTORS DELETE	NOTE Registered Agent signature in 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. HILL HAME SPECLAPORESS MY ST WE HAME	Segrature lysest or perilect name of register OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST MIAMI FL 33135	out agent and tile if applicable S AND DIRECTORS DELETE	NOTE Registered Agent signature in 13. 11 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY- ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	equired when reinstating)	DATE FFICERS AND DIRECTORS IN 12 Change Addition
SEGNATURE 12. HEE NAME SERVE AFORESS DETY ST 26 UTH NAME SERVE LATORESS DAY ST 74	Segrature lysest or perilect name of register OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST MIAMI FL 33135	ood agent and tile if agpicable S AND DIRECTORS DELETE	NOTE Registered Agent signature in 13. 11 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	equired when reinstating)	Change Addition
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SEGNATURE 12. BILL BIME SERE LAPORESS BITY STOR THE NAME SOUR STOR SERE LAPORESS GLY STOR NAME SERE LAPORESS	Segrature ligared or product name of register OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST MIAMI FL 33135	ood agent and tile if agpicable S AND DIRECTORS DELETE	NOTE Registered Agent signature is 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME	equired when reinstating)	OATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition
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SIGNATURE 12. HILL NAME SHRET AFORENS DITY STORE NAME SORY STORE NAME NAME NAME SURT AFORENS SURT AFORENS SURT AFORENS SURT AFORENS SURT STORE THE	Segrature ligared or product name of register OFFICER PST/D MIJARBS JOSE 1745 SW 1 ST MIAMI FL 33135	DELETE	NOTE Registered Agent signature in 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	equired when reinstating)	Change Addition
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lam an other or direction that 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:

PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Daytime Priorie #