


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96000058719-1/1
1. Corporation Name

KARLITA SANDWICH SHOP COMPANY

Principal Place of Business

Mailing Address

**1745 SW 1 ST.
MIAMI FL 33135**

**1745 SW 1 ST
MIAMI FL 33135**

3. Date Incorporated or Qualified
07/12/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0688129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENA, ALFONSO
1745 SW 1 ST
MIAMI FL 33135**

81 Name

JOSE MIJARES

82 Street Address (P.O. Box Number is Not Acceptable)

1745 SW 1 ST

83

84 City **MIAMI**

FL

85 Zip

33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOSE MIJARES

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ DELETE
112 NAME **PST/D MIJARES JOSE**
113 STREET ADDRESS **1745 SW 1 ST**
114 CITY-STATE-ZIP **MIAMI FL 33135**

111 TITLE ☐ Change ☐ Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

111 TITLE ☐ DELETE
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

211 TITLE ☐ Change ☐ Addition
212 NAME
213 STREET ADDRESS
214 CITY-STATE-ZIP

111 TITLE ☐ DELETE
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

311 TITLE ☐ Change ☐ Addition
312 NAME
313 STREET ADDRESS
314 CITY-STATE-ZIP

111 TITLE ☐ DELETE
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

411 TITLE ☐ Change ☐ Addition
412 NAME
413 STREET ADDRESS
414 CITY-STATE-ZIP

111 TITLE ☐ DELETE
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

511 TITLE ☐ Change ☐ Addition
512 NAME
513 STREET ADDRESS
514 CITY-STATE-ZIP

111 TITLE ☐ DELETE
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP

611 TITLE ☐ Change ☐ Addition
612 NAME
613 STREET ADDRESS
614 CITY-STATE-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/28/97

Date

Daytime Phone

CR2E034 (9/96)