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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000058752 (2)

ONE TWO THREE CAFETERIA, INC.

Principal Place of Business 325 SW 30 ROAD MIAMI FL 33128		Mailing Address 325 SW 30 ROAD MIAMI FL 33129-2624			
				3. Date tricorporated or Qualified 07/11/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-068072	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes 🔀 No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
	HAS, ROBERTO		B1 Name		
325 SW 30 ROAD			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
MIA)	VII FL 33129		83		
			84 City		<b>85</b> Zip Code
agent. I a SIGNATURE	to the provisions of Sections 607.050. registered agent, or both, in the State im familiar with, and accept the obligations. Signature typed or printed hains of registered age	ations of, Section 607.0505, Flo	les, the above-hamed co authorized by the corpo- orida Statutes.  F. Hegistered Agent signature re-	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.0 TOLE		Change Addition
NAME :	MACIAS, ROBERTO		1.2 NAME		
. STREET ADDRESS	325 SW 30 ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY+ ST- ZIP		
TITLE		☐ DELETE	21 Trilf		Change Addition
- NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - 7IF		Change Addition
TITLE NAME			3.1 THLF		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY - \$1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
0.00 67 700	•		7 4 NOVE DE 210		

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 tegal 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 it changed, or on an attachment with an address.

G.1 TITLE

6.2 NAME 6.3 STREET ADORESS

☐ DELF1E

1 m/an ( and a grafa / )

Change Addition

**FILED** 

Apr 23 1997 8:00am

Secretary of State