## 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

DOCUMENT # P9600064499 (2)

EL CAFETAL RESTAURANT, CORP.

FILED Apr 07 1997 8:00am Secretary of State

Principal Place of Business         Mailing Address           1618 W. 68TH ST.         1618 W. 68TH ST.           HIALEAH FL 33014         HIALEAH FL 33014-4435			15		
				3. Date incorporated or Qualified 08/01/1996	3a. Date of Last Report
2. Principal P	hace of Business	2a. Mailing Address 25		4. FEI Number 65 - 068 40	SS Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	С	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country   <b>25</b>	Zip 29	Country 30		Yes XVo
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
	ALDO, BLANCA C		81 Name		
1618 W. 68TH ST. HIALEAH FL 33014			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
			83		
			84 City		FL 85 Zip Code
L office or r	registered agent, or both, in the Stal im familiar with, and accept the obli	le of Florida. Such change w gations of, Section 607.0505	as authorized by the corpora , Florida Statutes.	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment as registered
12.	Say also hyperfor product rate of registered a	gent and life: Tapplicable ND DIRECTORS	(NOTE: Registered Agent signature requestions)  13.	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TILLE	PVST	DELETE	1,1 TITLE	ABBITIONS/OTIVINOED TO OTIVO	Change Addition
NAME	GIRALDO, BLANCA C		1.2 NAME		_ , •
STREET ADORESS	6464 W. 8TH AVE.		1.3 STREET ADDRESS		
City-St Zif-	HIALEAH FL 33012		1.4 CITY-ST-ZIP	·	
THE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY+S1+7IP			2 4 CITY-ST-ZiP		
THEF		☐ DELETE	3 1 TITLE		Change Addition
NAMi	į		3.2 NAME	·.	' n
STREET ADDRESS	) ]		3.3 STREET ADDRESS		
CITY - \$1 - 712		DELETE	3.4. CITY - \$1 - ZIP		☐ Change ☐ Addition
TITLE NAMES	Į.	E veter	4.1 HILE 4.2 NAME		Fine Avenue To Manuel
STREET ADJURESS			4.3 STREET ADDRESS		
CHY-ST ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<del></del> ·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City - S1 - 7IP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ACRORESS			6.3 STREET ADDRESS		
City-\$1-7-2			6.4 CITY - ST - ZIP		
	1	1 . 24. 41.1. 641		12 0 - 2 - 440 07(0)(2 F(-24 C+-14	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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 people of a 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 conforming on 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 thanged, expirit an attachment with an address.

SIGNATURE:

NA WITE AND SHIPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03/01/97 (305) 5/2-0290