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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

\_\_\_\_<u>19</u>98

**DOCUMENT #** 

P96000064499 (2)

EL CAFETAL RESTAURANT, CORP.

## FILED May 13 1998 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 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1996 2. Principal Place of Business 11 57. 2a. Mailing Address Applied For 26 65-0684055 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional П 5, Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intangible 3000 No Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GIRALDO, BLANCA C 1618 W. 68TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 В3 84 City 65 Zip Code 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** Signature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVST** DELETE Change Addition TITLE 1.1 TITLE GIRALDO, BLANCA C 1.2 NAME NAME 6464 W. 8TH AVE. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City - S1-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 of 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 dependent of the receiver or trusted 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 anactment with an address.

nv/20/06(305)512-029