## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of State

DIVISION OF CORPORA FIONS

## DOCUMENT # P96000072711 (0)

OLD LISBON MARISQUEIRA, INC.

Principal Place of Business	Mailing Address
1680 S.W. 22ND STREET	1680 S.W. 22ND STREET
MIAMI FL 33145	MIAMI FL 33145-2858

**FILED** Jun 16 1997 8:00am Secretary of State



1680 S.W. 22ND STREET MIAMI FL 33145		1680 S.W. 22ND STREET MIAMI FL 33145-2858						
					3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last	Report	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<del>'</del>	Applied For	
21 26		26	26		65-0695446	<del></del>	Vot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State City & State				6. Election Campaign Financing		0 May Be	
23	3 28				Trust Fund Contribution		d to Fees	
Zip	Country	Zìp	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes Yes No			
<u>.</u>	<b>√9.</b> Name and Address of Cu	irrent Registered Agent		1	10. Name and Address of New Reg	istered Agent		
	itos, fernando		+	Name				
1687 S.W. 22ND STREET  * MIAMI FL 33145 *			-	82 Street Address (P.O. Box Number is Not Acceptable)				
	• .		7	33				
	•			34 City		FL 85 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 printed name of registere	d agent and title if applicable (NOT	E Registered	Agent signature requ	red when re netating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	D	☐ DELETE	1.1 TITE	£	. `	☐ Change		
NAME	SANTOS, MARIA M		1.2 NA	1E				
STREET ADDRESS	1680 S.W. 22ND STREET		1.3 ST	EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4 Cif	r-\$T-ZIP	,			
TITLE	D	☐ DELETE	2.1 Til	F		☐ Change		
NAME	SANTOS, FERNANDO M		2.2 NA	1E				
STREET ADDRESS	1680 S.W. 22ND STREET		2.3 \$1	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		2.4 C	Y-\$1- <b>Z</b> IP				
TITLE		☐ DELETE	3.1 11			☐ Change	Addition	
NAME			3.2 N	l£				
STREET ADORESS			3 3 S	ET ADDRESS			1	
CITY-ST-ZIP			3.4 C	- ST - ZIP				
TITLE		L DELETE	4.1 T			☐ Change	Addition	
NAME			4, 21	ME				
STREET ADDRESS			4.3 S	ET ADDRESS		/		
CITY-ST-ZIP			4.4 (	ST-ZIP				
TITLE		DELETE	5.1 1			Change	Addition [	
NAME			521			/h/	//. /	
STREET ADDRESS			5.3	T ADDRESS		T/////	1/2/12	
CITY-ST-ZIP	(Va. 1)	T	54	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	104//	419	
TITLE		☐ DELETE	61		/	LK Change	Addition/	
NAME			6.2		40000221	4914		
STREET ADDRESS			6.3	ADDRESS	-06/17/970107	7003		
CITY-ST-ZIP			6.4	ST-ZIP	***395.00	-		

I do hereby certify that the information supplied with this filling does not qualify for the information indicated on this annual report or supplemental annual report is true and tam an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 (feel appear) or an application of the corporation and appears in Block 12 or Block 13 (feel appear) or an application of the corporation of the corporat

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the urate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

CURTS OGNONS

04-2860

301