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

1997

DOCUMENT # P96000078611 (6)

ESPANA BAKERY AND CAFETERIA, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1997 8:00am Secretary of State



5625 SW 107TH AVENUE Miami Fl			5625 SW 107TH AVENUE MIAMI FL 33173-1269							
					3. Date incorporated or Qual 09/23/1996	ified 3	3a. Date of L	ast Re	port	
Thropartiste of Busi	iness	2a. Mailing	Address			4. FEI Number	~ ~		App	olied For
21		26				65-06969	<u> 37</u>		Nol	Applicable
Suite, Apt. #. atc. 22		Suite, /	Apt. #, etc.			5. Certificate of Status Desire	d [.75 A ee Re	dditional quired
City & State	and the second s	City &	State			6. Election Campaign Financ Trust Fund Contribution	ing [May Be
7φ	Country	Zip		Cour	try	8. This corporation has liabili			der s.	199.032,
24	29				Florida Statutes Yes No					
	e and Address of Curre		genl		1 Name	10. Name and Address of Ne	w Regis	tered Agent		
	CHEVERRIA, M V ES	Q.		['	Name					
one northe Ste 200	ASI AVENUE					Address (P.O. Box Number is Not Acc	eptable)			
MIAMI FL 331	32			1	83					
				Ì	34 City			FL 85	Zip C	
11. Pursuant to the provision office or registered a agent. Lam familiar v	sions of Sections 607.05 gent, or both, in the Stat vith, and accept the obli	02 and 607.1508 e of Florida. Such gations of, Section	, Florida Statut i change was n 607.0505, Fl	es, the ab authorized orida Statu	ove-named by the cor tes.	corporation submits this statement for poration's board of directors. I hereby	the purp accept th	ose of chang ne appointme	ging its ent as i	registered registered
SIGNATURE										
12.	a punked same of registered at OFFICE RS AL	gent and little & applicab ND DIRECTORS	le (NO1	L: Registered	Agent signature	a required when reinstating) ADDITIONS/CHANGES TO		DATE	CTOR	2 161 12
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	DELL, PEDRO			2.2 NAI	AE					
	est 18th Court af	PT 607		23 STF	EET ADDRESS					
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NAME GEOGRA HOUSELE				4. 2 NA						
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CITY-ST-ZP					Y-ST-ZIP					
	at the information suppli	ed with this filing	does not qual			I stated in Section 119.07(3)(i), Florida S I that my signature shall have the sam	tatules. I	further certif	v that	he

i. To note by certify that the information supplied with this hing does not qualify for the exemption stated in Section 119,07(3)(), Florida Statutes. 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 arm officer or director of the Cooperation 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 chartred, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR

econdell.

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(305) 275.8618

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