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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000082416 (4)**

TORAL CATERING INC.

STREET ADDRESS

CHTY - ST - ZiP

Principal Place of Business Mailing Address 2525 WEST 3RD AVENUE 2525 WEST 3RD AVENUE HIALEAH FL 33010 HIALEAH FL 33010-1401 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Flace of Business 28. Mailing Address 4. FEI Number Applied For 65-0 21 Not Applicable Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Г Added to Fees Z(p)Country Zip Country 8. This corporation has liability for intangible fax under s. 199.032 Florida Statutes Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHAVEZ, LUIS 27 WEST 28TH STREET STE 6 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 City Zip Code 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. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Storatory, typed or partied had earlied to called all agent and the Tapplicable DATE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) PD DELETE Change Addition Dist 11 TITLE CHAVEZ, LUIS NAME 1.2 NAME 27 WEST 28TH ST. STE 6 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 1.4 CITY-ST-ZIP OTY-SI-ZE DELETE Change Addition P/SIT/D THEF 21 TITLE IZQUIERDO, JULIO NAMI 2.2 NAME IZQUIERDO, 136 WEST 7TH ST. STREET ACTORESS 2.3 STREET ADDRESS HIALEAH FL 33010  $C(f^{\bullet}V\cdot S(I+Z)P)$ 2 4 CITY-ST-ZIP DELETE THE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY ST 769 DELETE TIT.E 4 1 TITLE Change Addition NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-SI-76 4.4 CITY - ST - ZIP DELETE THILE ☐ Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition 1131,6 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CHY-ST-ZIP

14. I do hereby 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 or 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 60°, Florida Statutes; and that my name appears in Block 12 or block 13 if changed, or on an attachment with an address.

FILED Jan 24 1997 8:00am Secretary of State

