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

information indicated on this annual report or supply I am an officer or director of the corporation or the appears in Block 12 or Block 13 lychanged, or on

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97.JUN 27 PM 1:52 DOCUMENT # P96000085810 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA **GUANI CAFE CORP** Principal Place of Business Mailing Address 1096 SW 27 AVE. 1006 8W 27 AVE. MIAMI FL 33135-4634 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07068 21 26 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 Added to Fees Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 25 Florida Statutes 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ESPINOZA, OSCAR J Name 7925 NW 12 ST., STE. 324 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 64 City Zip Code 11. Pursuant to the provisions office or registered agent agent. I am amiliar with an ed, the above-named corporation submits this statement for the purpose of changing its registered authorized by the corporation's board of directors. I hereby accept the appointment as registered 0502 and 607.1508, Plorida the State of Florida. Such the obligations of, Section change **3** orida Statutos SIGNATUR (NOTE: Registered Agent signature required when reinstating) 12. FICERS AND DIRE CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE Addition TITLE 1.1 TITLE Change ESPINOZA, OSCAR J 1.2 NAME NAME 200002229202---07/02/97--01077--009 1096, SW 27 AVE. STREET ADDRESS 1.3 STREET ADDRESS MAMI FL 33131 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ****165.00 DELETE TITLE 2.1 TITLE RODRIGUEZ, MANUEL NAME 2.2 NAME 1096 SW 27 AVE. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 T(T) F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the of anything report is true and incourate and that my signature shall have the same legal effect as if made under oath; that for one specified in the property of the same state of the same legal effect as if made under oath; that for one specified is the same state of the same state of the same legal effect as if made under oath; that my name 14. I do hereby certify that the information supplied with this