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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088444 (0)

LA ESTANÇIA CAFETERIA, INC.

Principal Place of Business

Mailing Address

FILED Jun 19 1997 8:00am Secretary of State



778 WEST FLAGLER STREET MIAM! FL 33130		776 WEST FLAGLER STREET MIAMI FL 33130-1220					
					3. Date Incorporated or Qualified 10/28/1996	3a. Date of Last Re	eporl
2, Principal Pl	ace of Business	2a. Mailing Address		4. FLI Number	Ap	plied For	
21		26			65-0/2014	CYJ No	t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	
Zip Country		Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for integrable tax under s. 199.032.		
_ `	25	29	30	ıry.	Florida Statutes	rta igible tax under s. Yes □ No	199.032.
24 25 29 29 Name and Address of Current Registered Ager					10. Name and Address of New Registered Agent		
RAMIREZ, MARIE C				B1 Name			
	WEST FLAGLER STREET		000000000000000000000000000000000000000		Address (D.O. Donah), and a find Association		
	AI FL 33130	82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
itika.	W 1 C 00 100		h	33			
			ļ.,	M 00.		 85 Zip 0	
•				34 City		FL 85 Zip C	Jode
*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 registered age OFFICERS ANE		Registered	Agent signature re	ADDITIONS/CHANGES TO OFFICE	DATE	S IN 12
12.	PD OFFICE NO ANYE	DELETE	1.1 Till	F T	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	RAMIREZ, MARIE C		1.2 NAN				_
STREET ADDRESS	776 WEST FLAGLER STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33130			(-ST-ZIP			
TITLE			2.1 T(1)			Change	Addition
NAME	RAMIREZ, JULIÓ		2.2 NA	AE .		1	
STREET ADDRESS	776 WEST FLAGLER STREET		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33130		2. 4 CIT	Y-SI-ZIP			
TITLE .			3.1 TITI	E		☐ Change	Addition
NAME	MEJIAS, OSMAR D		3.2 NA	AE ·			
STREET ADDRESS	776 WEST FLAGLER STREET		3.3 STF	EF1 ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33130			Y - S1 - ZIP	MANA		
TITLE		DELETE	4.1 1 1			Change	☐ Addition
NAME			4. 2 NA		•		
STREET ADDRESS				EF1 ADDRESS	4		
CITY-ST-ZIP		DELETE		(- ST - ZIP		Chango	Addition
TALE	DELETE		51111			(Change	Aodilion
NAME			5.2 NA			~~\^	
STREET ADDRESS				EFT ADDRESS		(0)	/,
CITY-ST-ZIP		DELETE	6.1 TILL	r - ST - ZIP		Channe	Addition
TITLE	טנינונ .		6.2 NAI	1	00000221 -06/20/970106	. Be 10	
NAME STREET ADDRESS					-06/20/97 0108	31026	
			6.3 STHEET ADDRESS 6.4 CHY-ST-ZIP		***165.00		
CITY-ST-ZIP			04.01	1-01.51			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is the 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 empty yered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an oddress.