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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090559 (1)** ✓

1. Corporation Name
ANA MARIA RESTAURANT, INC.

Principal Place of Business
**7360 CORAL WAY STE 20
MIAMI FL 33155**

Mailing Address
**7360 CORAL WAY STE 20
MIAMI FL 33155-1420**



3. Date Incorporated or Qualified
11/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05-0710682 ✓

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACHADO, CARLOS M ESQ.
1000 BRICKELL AVE. STE 660
MIAMI FL 33131-3014**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **PONCE DE LEON, ANA M**
STREET ADDRESS **7360 CORAL WAY STE 20**
CITY-STATE-ZIP **MIAMI FL 33155**

1.1 TITLE **Treasurer** ☐ Change ☒ Addition
1.2 NAME **GABRIEL Tello**
1.3 STREET ADDRESS **9020 N.W. 8TH ST. APT 501**
1.4 CITY-STATE-ZIP **MIAMI FL 33172**

TITLE **D** ☐ DELETE
NAME **ABURTO, YOLANDA M**
STREET ADDRESS **7360 CORAL WAY STE 20**
CITY-STATE-ZIP **MIAMI FL 33155**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
3.2 NAME **HORACIO BRAVO**
3.3 STREET ADDRESS **9020 N.W. 8TH ST. APT. 501**
3.4 CITY-STATE-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **RAUL PACHECO**
4.3 STREET ADDRESS **7320 S.W. 22 ST.**
4.4 CITY-STATE-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-97
Date

264-2840
Daytime Phone #

0200579

CR2E034 (9/96)