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Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000003247

1. Corporation Name
CAFETERIA LA ESPAÑOLA, INC.

Principal Place of Business
CAFETERIA LA ESPAÑOLA, INC.
926 N.W. 7 AVE
MIAMI, FLA 33136

Mailing Address
CAFETERIA LA ESPAÑOLA INC.
P.O. BOX 450954
MIAMI, FLA 33245-0954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O. Box 450954
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) Miami, Florida
Zip (24) / Country (25)	Zip (29) 33245-0954 / Country (30)

3. Date Incorporated or Qualified: 01/13/97

4. FEI Number: 65-0823294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAYRA GRABIEL
3136 S.W. 22nd Terrace
Miami, Fl. 33145

10. Name and Address of New Registered Agent

81 Name: MAYRA GRABIEL
82 Street Address (P.O. Box Number is Not Acceptable): 3136 SW 22ND TERR.
83 MIAMI, FLA. 33245-0954
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: Mayra Grabiel (NOTE: Registered Agent signature required when reinstating) DATE: 03/19/98

12. OFFICERS AND DIRECTORS		13. MAILING → ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	MAYRA GRABIEL	12 NAME	MAYRA GRABIEL (N/A)
STREET ADDRESS	3136 N.W. 22ND Terrace	13 STREET ADDRESS	P.O. Box 450954
CITY-ST-ZIP	Miami, Fl. 33145	14 CITY-ST-ZIP	Miami, Fl. 33245-0954
TITLE	☐ DELETE (Address)	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	800002550195
STREET ADDRESS		63 STREET ADDRESS	-06/08/98--01006--038
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

14. I 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 added above or on an attachment with an address.

SIGNATURE: Mayra Grabiel 04-18-98 (305) 529-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #