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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014406 (7)

DON CHURRO'S CAFE, INC.

Principal Place of Business Mailing Address 158 HIALEAH DR. CALL CL. MODIO HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Quatified 02/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 355 East 6 Street 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Hialeah Florida 23 28 Trust Fund Contribution Added to Fees Zip Country ^Z 33010 This corporation owes or has paid the current ar Intangible Miami= Dad □ No 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name JIMENEZ: CARLUS E <u>MIRTHA FJSTER</u> 156 HAVE ALL DOME dress (P.O. Box Number is Not Acceptable) 355 East 6 Street 82 Street Add HIALEAH FI. 33010 63 Zip Code 33010 84 City Hialeah 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** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 72E034 (10/97 12. 13. DELETE X Change Addition TITLE 1 1 TITLE FERDINANDO: ALESSIS NAME 1.2 NAME FUSTER, MARTHA 891 S.E. 197 ST. STREET ADDRESS 1.3 STREET ADDRESS 355 East 6 St HALEAH FL-83010 CITY-ST-ZIP 1.4 CITY - ST - ZIP Hialeah F1 33010 **X**DELETE Change Addition TITLE 2.1 IIILE -DEL:VALLE MAGBALENOS, MILAGROS 2.2 NAME **2821-8.₩: 3FID-97:: #**3-STREET ADDRESS 2.3 STREET ADDRESS HIALEAH EL 33030. 2 4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TO LE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 61 TITLE ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 on an attachment with an address.

ICHATURE, Y () Al. The) ditte

CITY-ST-ZIP

4/30/98 362-9/3

FILED

May 14 1998 8:00am

Secretary of State