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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90017 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000038086**1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

LA CABANA RESTAURANT-CAFETERIA, INC.

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Principal Place	e of Business		Mailing Ad	laress						İ		
				3163 S.W. 8TH STREET						İ		
MIAM! FL 33135			MIAMI FL 3	MIAMI FL 33135					DO NOT WRITE IN THIS SPACE			
								3.	Date Incorporated or Qualifed			1
			·						04/29/1997			
2. Principal P	lace of Busines	S	2a. Mailing	Address				4.	FEI Number		Applied For	1
21			26						65-0747520		Not Applicable]
Suite, Apt.	#, etc.	=	Suite, A	Apt. #, etc.			•		Cartifacts of Status Decired	\$8.75	Additional	-
22			27					3.	Certifcate of Status Desired	Fee	Required	
City & State			City &	City & State				6.	Election Campaign Financing	\$5.00 May Be		
23			28					╙	Trust Fund Contribution	Adde	d to Fees	
Zip	_	Country	Zip	_		intry		8.	This corporation owes the current year In	i		
24	2		29		30	,		<u> </u>	Personal Property Tax.	Yes	<u>G</u> H ₀	
	9. Name a	nd Address of Curre	ent Registered Ag	gent		1		10.	Name and Address of New Registered	Agent		-
D14.7		1140				81	Name			1		
	, PAULA ARI					82	Street Addres	ss (F	P.O. Box Number is Not Acceptable)	!	•	1
	1 N.W. 11TH	LANE	•						the state of the s		<u>* </u>	
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						10.1	Ony		FL			1
11. Pursuant	to the provision	s of Sections 607.05	502 and 607.1508,	, Florida Statutes	s, the a	bove-r	named corpor	ration	n submits this statement for the purpose of	changing i	ts registered	
office or re	egistered agen	is of Sections 607.05 t, or both, in the State and accept the oblig	e of Florida. Such	change was aut	horized	d by th	named corpor ne corporation	ration 's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	changing i intment as	ts registered registered	
office or re agent. I a	egistered agen	t, or both, in the State	e of Florida. Such	change was aut	horized	d by th	named corpor ne corporation	ration 's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	changing i	ts registered registered	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 onyan attachment with an address, with all other like empowered.