

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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064872 (9)

1. Corporation Name

2 X 4 CAFE - HIALEAH, INC.

Principal Place of Business

250 CATALONIA AVE., STE. 605
CORAL GABLES FL 33134

Mailing Address

250 CATALONIA AVE., STE. 605
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9920 SW 22ST	26 9920 SW 22ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33165	29 Country DADE
25 Country DADE	30 Zip 33165

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

65-0778943

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

CARTAYA, RINALDO J
250 CATALONIA AVE., STE. 605
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CARTAYA, RINALDO J	
STREET ADDRESS	6855 EDGEWATER DRIVE, #20	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VERTOT, RAMIRO	
STREET ADDRESS	250 CATALONIA AVE., STE. 605	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	RAMIRO R. BORTOT
2.4 CITY - ST - ZIP	9920 SW 22ST
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	MAHON, FLORIDA 33165
3.4 CITY - ST - ZIP	MAHON, FLORIDA 33165
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	JUSTO R. AZPIAZU
4.4 CITY - ST - ZIP	10930 SW 32 STREET
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 on an attachment with an address.

SIGNATURE:

Ramiro R. Bortot President
3/1/98 (301) 5714168

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)