

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

FILED
May 14 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 # P97000087865 (6)

1. Corporation Name
LA CRIOLLA CAFETERIA, INC.

Principal Place of Business
~~1245 WEST 24 STREET~~
~~APT 221~~
~~HIALEAH FL 33010~~

Mailing Address
~~1245 WEST 24 STREET~~
~~APT 221~~
~~HIALEAH FL 33010~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3302 East 4 Avenue
Suite, Apt. #, etc.
22
City & State
23 Hialeah Florida
Zip 33013 Country USA
25

2a. Mailing Address
26 224 East 42 Street
Suite, Apt. #, etc.
27
City & State
28 Hialeah Florida
Zip 33010 Country USA
29 30

3. Date Incorporated or Qualified
10/10/1997

4. FEI Number
65-0789180

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
~~BETANCOURT, JOSE~~
~~1245 WEST 24 STREET~~
~~APT 221~~
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name MODESTO CERUTO
82 Street Address (P.O. Box Number is Not Acceptable)
224 EAST 42 STREET
83
84 City HIALEAH FL 85 Zip Code 33010

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]* 4/30/98
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BETANCOURT, JOSE	
STREET ADDRESS	1245 WEST 24 ST, APT 221	
CITY-ST-ZIP	HIALEAH FL 33010	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CERUTO, MODESTO	
1.3 STREET ADDRESS	224 East 42 St	
1.4 CITY-ST-ZIP	Hialeah FL 33010	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 *[Signature]* 4/30/98 362-9139

CR2E034 (10/97)