## 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 # P97000095240 (2)

ROLANDO'S CAFETERIA CORP.

## **FILED** Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 1091(09) 110 10111 10911 11		(B)	16814 <b>6</b> 814 4881
1602 PALM AVENUE 1602 PALM AVENUE HIALEAH FL 33010 HIALEAH FL 33010						DO NO	T WRITE IN THIS	SPACE	
						3. Date Incorporated or Q			
						11/06/1997			
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number	0	A	pplied For
21		26				W -0794	457		lot Applicable
Suite, Apt.	#, etc.	27 St	<u> </u>			5. Certificate of Status De-	sired 🔲	4	Additional Required
City & State	9	<u></u>	City & State			Election Campaign Fina Trust Fund Contribution	ncing		May Be
Zip	Country Zip		p	Country		8. This corporation owes of			
24	25	29	•	30	•	Personal Property Tax of			No I
	9. Name and Address of Cu	rrent Register	ed Agent	1==1		10. Name and Address of		Agent	
ME	DINA, MARIA			8.	Name				
2630 S,W. 115TH AVE.			8:	Street A	ddress (P.O. Box Number is Not A	cceptable)			
M.	AMI FL 33185				3				
				8	City			<b>85</b> Zip	Code
					'		FL	. ] [ ]	
office or r agent. La	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607. tate of Florida. bligations of, Sc	1508, Florida Statut Such changa was i ection 607.0505, Fl	es, the above authorized borida Statute	ve-named o by the corpo es.	corporation submits this statement oration's board of directors. I here	for the purpose o by accept the app	changing i ointment as	its registered registered
OIO/VATORIE	Signature, typed or printed name of registere	d agent and title if ap	plicable (NOT	E Registered As	ent signatura r	equired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTO		13.		ADDITIONS/CHANGES T	O OFFICERS AND		
TITLE	P		☐ DELETE	1.1 TITLE				Change	Addition 3
NAME	MEDINA, MARIA			1.2 NAME					[7
STREET ADDRESS	SHALL CL DOLOG			T ADDRESS		•			
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TITLE	V	<del></del> .		2.1 TITLE				☐ Change	Addition
NAME	MEDINA, ROLANDO			2.2 NAME			* _		-
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NAME				3.2 NAME					1
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CITY-ST-ZIP									
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NAME			- 2000	6.2 NAME				Change	
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\$TREET ADDRESS					T ADDRESS				l
CITY-ST-ZIP				6.4 CITY-	SI - ZIP				

I hereby certify that the information supplied with this filling 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 huster 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 or an attachment with an address.