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FILED
May 04 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 # P97000096924 (0)

1. Corporation Name

POLLO CARIBE CAFETERIA INC.



Principal Place of Business

Mailing Address

3505 NW 17TH AVE.
MIAMI FL 33142

3505 NW 17TH AVE.
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

2. Principal Place of Business

21 2715 N.W. 17 AVE

Suite, Apt. #, etc.

22 SUITE 100, 1701 N.W. 17TH AVE

City & State

23 MIAMI, FLORIDA 33142

Zip

24 33142

Country

25 USA

2a. Mailing Address

26 2715 N.W. 17 AVE

Suite, Apt. #, etc.

27 SUITE 100, 1701 N.W. 17TH AVE

City & State

28 MIAMI, FLORIDA

Zip

29 33142

Country

30 USA

4. FEI Number

65-0795266

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

CASTRO, MARIANA
3505 NW 17TH AVE.
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

RAMON PEREZ

82 Street Address (P.O. Box Number is Not Acceptable)

2715 N.W. 17 AVE

83

84 City

MIAMI, FLORIDA

FL

85 Zip Code

33142

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CASTRO, MARIANA
STREET ADDRESS 3505 NW 17TH AVE.
CITY-ST-ZIP MIAMI FL 33142

TITLE VD ☒ DELETE

NAME GRULLON, GIANNA
STREET ADDRESS 3505 NW 17TH AVE.
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRE ☐ Change ☒ Addition

12 NAME RAMON PEREZ
13 STREET ADDRESS 2715 N.W. 17 AVE
14 CITY-ST-ZIP MIAMI, FLORIDA 33142

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

4-23-98

305-636-3970

CR2E034 (10/97)