Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90127 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016036

1. Corporation Name

CITY-ST-ZIP

LA CUMBIA CATERING SERVICES, INC.

				_				<u> </u>	
Principal Place of Business Mailing Address						4 11	kolikos ira sarai ikiis Kaiti katii adiit oo	81 11819 81111 88194 1	1111 0 B 111 1 08 1
10502 WEST FLAGLER STREET 10502 WEST FLAGLER S			STREET	REET					
MIAMI FL 3(1174	\$	MIAMI FL 33174				DO NOT WRITE IN THIS SPACE			
					-	a Date I	corporated or Qualifed	IS SPACE	
						02/18			
a Dringing LB	2a. Mailing Address	ling Address			4. FEI Nu		Apt	plied For	
Z. Principal P	lace of Business	26				65-0819942 No Applicable			
Suite, Apt.	# ptc	Suite, Apt. #, etc.				5Certificate of Status Desired			
Suite, Apt.		27							
City & Stat	е	City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			May Be
23		28							
Zip	Country	Zip	Cou	ntry		g. This co	rporation owes the current year	Intangible	
24	25	29	30	_		Persor	al Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name	and Address of New Registers	d Agent	
				81 Nam	ne				
BOTERO, PIEDAD				82 Stre	eet Address (P.O. Box Number is No		Number is Not Acceptable)		
	2 WEST FLAGLER STREET			or Suecivino					
MIAI	MI FL 33174			83					
				84 City				. 85 Zip C	ode
							F		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	eic f Florida. Such change w	as authorized	i by the co	ed corpora prporation's	tion submi board of a	s this statement for the purpose lirectors. I hereby accept the app	of changing its opintment as reg	registered gistered
SIGNATURE									
	Signature, typed or printed name of registered ag	·	NOT = Registered	Agent signatu	ire required wh		DATE		
12		NI) DIRECTORS	13.	.		ADDITIO	NS/CHANGES TO OFFICERS	AND DIRECTOR	Addition
TITLE	P	☐ DELETI			Ga	Rlos	Jaromillo Arbolo	da	Z V COMO
NAME	BOTERO, PIEDAD		1,2 N			90	NW 102 AVE \$1	126	Ì
STREET ADDRESS				FREET ADDRE	SS 4	7 40	EN 22178		
CITY-ST-ZIP	MIAMI FL 33174			TY-ST-ZIP	M	HMI	NW 102 AVE \$10 FL, 33178 Botero	Change	Addition
TITLE	V	☐ DELETI	1		LYL.	erto	BoleRo		E ST NOCIOON
NAME	LOPEZ, FABIO		2.2 N		A1	BERTO	BOTERO		
STREET ADDRESS	1			REET ADDRE	ss 4°	190 N	W 102 AVE \$106 MIAN	CC 3317	1/2
CITY-ST-ZIP	MIAMI FL 33174	☐ DELETI		ITY-ST-ZIP	- 			Change	Addition
TITLE	S	C Deteri							
NAME			3.2 N		rec				
STREET ADORE 3S				TREET ADDRE	.55				
CITY-ST-ZIP		DELET		ITY-ST-ZIP				Change	P Addition
TITLE			4.21		Ì				
NAME									
STREET ADDRE 3S				TREET ADDRE	.53				
CITY-ST-ZIP		☐ DELET		TY-ST-ZIP	+-			☐ Change	☐ Addition
TITLE	İ	DELE!	5.1 N					,	_
NAME				TREET ADDRE	ss				
STREET ADDRE 3S			1	TY-ST-ZIP					j
TITLE		DELET						☐ Change	Addition
	1		6.2 N					•	
NAME STREET ADDRESS				REET ADDRE	SS				1
DIRECT ADDRESS	L'				1				I I

14. I hereby certify that the informat on 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 on an attachment with an address, with a lighter than 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 on an attachment with an address, with a light provided in 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 on an attachment with an address, with a light provided in 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.

6.4 CITY-ST-ZIP

SIGNATURE: