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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S67067** (6)

1. Corporation Name
SWEETWATER REY'S PIZZA CORP.

Principal Place of Business Mailing Address
1036 SW FIRST STREET MIAMI FL 33130 US **1036 SW 1 ST MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0272701** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1036 S.W. 1 ST.** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 **MIAMI FLORIDA** 28

Zip Country Zip Country
24 **33130** 25 **US** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES
CANTERA ASSOC. INC.
MIAMI FL 33130**

81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City **MIAMI** FL 85 Zip Code **33130**

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, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES** 4/27/95

Signature, typed or printed name of registered agent and the incorporator.

86 FEI Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RODRIGUEZ, RAMON**
STREET ADDRESS **3634 N.W. 13TH ST**
CITY ST ZIP **MIAMI FL**

11 TITLE
12 NAME **300001474153**
13 STREET ADDRESS **-05/03/95--01153--023**
14 CITY ST ZIP *****200.00 ***200.00**

TITLE **STD**
NAME **RODRIGUEZ, MARGARTA**
STREET ADDRESS **3634 N.W. 13TH ST**
CITY ST ZIP **MIAMI FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 no attachment, with the address.

SIGNATURE: *[Signature]* 4/27/95

RAMON RODRIGUEZ

305) 5458686