

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1997 APR -7 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

HANDY BOYS CAFETERIA, INC.

Principal Place of Business

Mailing Address

1971 NW. 7th ST
MIAMI, FL, 33125

1971 NW. 7th ST
MIAMI, FL, 33125

2. Principal Place of Business

2a. Mailing Address

3. Suite, Apt. #, etc.

3a. Suite, Apt. #, etc.

4. City & State

4a. City & State

5. Zip

Country

5a. Zip

Country

6. Date Incorporated or Qualified

11/26/91

7a. Date of Last Report

MARCH 1996.

4. FEI Number

65-0298009

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 Statute: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLO, FELIX
1971 NW. 7th ST
MIAMI, FL, 33125

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Bello

Signature of person in printed name of registered agent and file if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/V/S/T.	1. DELETE
NAME	BELLO, FELIX	
STREET ADDRESS	1971 NW, 7th ST	
CITY, ST, ZIP	MIAMI, FL, 33125	
TITLE		2. DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		3. DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		4. DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		5. DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		6. DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. 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 119.073(3)(k), 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. 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:

Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TOTAL P.01

CR2034 (12/95)