

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S97003 (5)

1. Corporation Name

JULIETTE CAFETERIA, INC.



Principal Place of Business

Mailing Address

1790 W. 38 PLACE
HIALEAH FL 33012

1790 W. 38 PLACE
HIALEAH FL 33012

3. Date Incorporated or Qualified

11/27/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1790 W. 38 Place

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hialeah, Fla

27 City & State

23 Hialeah, Fla

28 City & State

24 33012

29 Zip

25 Hialeah

30 Country

4. FEI Number

65-0302423

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTIAGO, FRED V.
3430 N. MIAMI AVE.
MIAMI FL 33127

81 Name CONSTANTINO R. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)
375 W. 55 ST

83

84 City Hialeah, Fla

FL

85 Zip Code

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

Constantino Gonzalez

DATE

4/12/96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD ☐ DELETE

NAME GONZALEZ, PEDRO
STREET ADDRESS 375 W. 55 STREET
CITY-ST-ZIP HIALEAH FL

TITLE STD ☐ DELETE

NAME GONZALEZ, CONSTANTINO R.
STREET ADDRESS 375 W. 55 STREET
CITY-ST-ZIP HIALEAH FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, 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: Constantino Gonzalez CONSTANTINO GONZALEZ 4/12/96 (800-5336)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE/TIME/PHONE #

CR2E034 (12/95)