

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

**APPROVED  
AND  
FILED**

**96 MAY -1 PM 2:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S97924 (2)**

1. Corporation Name  
**PLAZA CIBELES CAFE, INC.**



Principal Place of Business: **1036 S.W. FIRST STREET MIAMI FL 33130**  
Mailing Address: **1036 S.W. FIRST STREET MIAMI FL 33130**

3. Date Incorporated or Qualified: **12/02/1991** 3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **65-0310726** 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: **21 2300 CORAL WAY** Suite, Apt. #, etc.: **22**  
City & State: **23 MIAMI FLORIDA.** Zip: **24 33145** Country: **25 US.**  
2a. Mailing Address: **26 2300 CORAL WAY** Suite, Apt. #, etc.: **27**  
City & State: **28 MIAMI FLORIDA.** Zip: **29 33145** Country: **30 US.**

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC  
1036 S.W. 1 ST.  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
**81 FLORIDA ANNUAL REPORT SERVICES INC.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200**  
**83**  
**84 MIAMI FL 85 33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, ROGELIO	
STREET ADDRESS	6233 GRAND CANAL ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOANNA	
STREET ADDRESS	6233 GRAND CANAL ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>600001813486</b>
13. STREET ADDRESS	<b>-05/08/96--01063--023</b>
14. CITY-ST-ZIP	<b>****200.00 ****200.00</b>
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	<i>[Signature]</i>
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**

CR2E034 (12/95)