

T95000001100

LAW OFFICES OF JOSE M. MARQUEZ

780 N W LE JEUNE RD
SUITE 400
MIAMI FLORIDA 33126

Telephone (305) 447-1160
Fax (305) 447-1194

JOSE M. MARQUEZ
MARCELO L. LASCANO
AIMEE L. NUNEZ
KAREN MARQUEZ
THOMAS B. DUFF (1918-1985)

OF COUNSEL
GEORGE T. PALLAS
GEORGE EARL BROWN

June 6, 1995

FILED
06/10/95 11:45 AM '95
*****50 *****50

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: La Casona Restaurant Inc.

Gentleperson:

Please find enclosed herewith, application for a registration of a service mark, together with our check covering the fees for said registration.

We will appreciate that you deliver the registration to us as soon as possible.

If you need any further information, please do not hesitate to contact us

Sincerely yours,

Marta E. Perez
Marta E. Perez
Legal Assistant

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP -7 AM 11:45

Name	SA
Availability	SA
Document Examiner	GSH
Updater	CSH
Updater Verifier	GSH
Acknowledgement	GSH
Final Verifier	GSH

084/130/0427-090

T95-1100

(084/130/0427-090)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 17, 1995

MARTA E. PEREZ, LEGAL ASSISTANT
LAW OFFICES OF JOSE M. MARQUEZ
780 NW LC JEUNE RD., SUITE 400
MIAMI, FL 33126

SUBJECT: LA CASONA
Ref. Number: W95000014299

We have received your document for LA CASONA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 495.031(1), Florida Statutes, the enclosed application must be completed in order to process your mark registration. Mark registrations submitted on forms other than the current forms provided by the Secretary of State's office will be rejected.

The business address of the applicant must be listed in 1(b) of Part I of the application.

Please provide this office with an English translation of your mark or a statement that the mark does not have a translation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

Letter Number: 195A00034079

95 SEP -7 AM 11:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 9, 1995

MARTA E. PEREZ, LEGAL ASSISTANT
LAW OFFICES OF JOSE M. MARQUEZ
780 NW LE JEUNE RD., SUITE 400
MIAMI, FL 33126

SUBJECT: LA CASONA
Ref. Number: W95000014299

We have received your document for LA CASONA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 495.031(1), Florida Statutes, the enclosed application must be completed in order to process your mark registration. Mark registrations submitted on forms other than the current forms provided by the Secretary of State's office will be rejected.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

Letter Number: 995A00037263

Florida Department of State, Sandra B Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgement should be sent:

Jose M. Marquez
780 NW Le Jeune Road, Suite 400
Miami, Florida 33126
(305) 447-1160
Daytime Telephone number

PART I

1. (a) Applicant's name: Jose R. More

(b) Applicant's business address: C/O Jose M. Marquez 780 NW LeJeune Road, Suite 400
Miami, Florida 33126
City/State/Zip

(c) Applicant's telephone number: (305) 447-1160

- Individual
- Corporation
- Joint Venture
- Other: _____
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: _____

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used.
(i.e., furniture moving services, diaper services, house painting services, etc.)

in the operation of a Restaurant for Gourment Cuban Cuisine and in its
advertising.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc)

N/A

95 SEP 7 AM 11:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(c) The mode or manner in which the mark is used (i.e., labels, decals, newspaper advertisements brochures, etc.)

Menus, advertising, business cards etc.

(d) The class(e) in which goods or services fall

Class 42

PART II

1 Date first used by the applicant, predecessor, or a related company(must include month, day and year)

(a) Date first used anywhere: 11/03/88 (b) Date first used in Florida: 11/03/88

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less)

La Casona (The Large House)

La Casona RESTAURANT Cuban Cuisine

JOSE R. MORE Owner/Operator

Phone (305) 262 2828 Fax (305) 262 2719

6355 S.W. 9th STREET MIAMI, FL 33144

2 DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, Jose R. More, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Typed or printed name of applicant: Jose R. More
Applicant's Signature or authorized person's signature (Last name and title): [Signature]

STATE OF Florida

COUNTY OF Dade

On this 11th day of August, 1988, Jose R. More personally appeared before me,

- who is personally known to me
whose identity I proved on the basis of

95 SEP -7 AM 11:45
SECRETARY OF STATE
DIVISION OF REGISTRATION

Notary Public Signature

Notary's Printed Name

My Commission Expires

Seal

FEE: \$87.50 per class

* 0082 00633