

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V32744 (7)

1. Corporation Name

ROCA'S GOURMET KITCHEN, INC.



Principal Place of Business

Mailing Address

9471 S.W. 31ST TERRACE
MIAMI FL 33165

9471 S.W. 31ST TERRACE
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0422910

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

CIFUENTES, EDUARDO
7105 S.W. 8TH ST.
SUITE 406
MIAMI FL 33144

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 607.0502 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

Signature type: For general use of registered agent and not applicable

(If "F" Registered Agent signature required when not changed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BEIRO, ROCA M
STREET ADDRESS 9471 S.W. 31ST TERR
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME BEIRO, JOSE M
STREET ADDRESS 9471 S.W. 31ST TERR
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE DV
NAME BEIRO, JOSE L
STREET ADDRESS 9471 S.W. 31ST TERR
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE DV
NAME BEIRO, LUIS J
STREET ADDRESS 9471 S.W. 31ST TERR
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE DT
NAME NOVO, ROCA M
STREET ADDRESS 9471 S.W. 31ST TERR
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCA M. BEIRO

7/4/96

305-552-8920

3/96

CR2E034 (3/96)