

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:44

DOCUMENT # V38189 (9)

1. Corporation Name
EL CAFETERO ENTERPRISES INC.

Principal Place of Business

**3545 WEST 80TH STREET
BAY 6
MALEAH FL 33016**

Mailing Address

**3545 WEST 80TH STREET
BAY 6
MALEAH FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

01/26/1994

4. FEI Number

65-0330586

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 9806 N.W. 80TH AVENUE

2a. Mailing Address

26 4301 W FLAGLER ST

Suite, Apt. #, etc.

22 Bay 12-5

Suite, Apt. #, etc.

27 Apt B-2

City & State

23 MALEAH GARDENS FL

City & State

28 Miami FL

Zip

24 33016

Country

25

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

**MARTINEZ, JOSE
4301 W. FLAGLER ST.
APT B-2
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent required when substituting)

(NOTE: Registered Agent signature required when substituting)

DATE

4/1/95

12. OFFICERS AND DIRECTORS

**TITLE PTSD
NAME MARTINEZ, JOSE M
STREET ADDRESS 4301 W. FLAGLER ST, APT B-2
CITY- ST- ZIP MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

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 110.07(3)(b), 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 authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment with an addition.

SIGNATURE:

Signature and typed or printed name of signing officer or director

President (501) 827-8401