



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0514703-9
Corporation Name: LA CASITA DE MOLINA, INC.
Address: 3950 W VALENCIA RD

City, State, Zip: TUCSON
Domicile: ARIZONA
Type: PROFIT

AZ 85746-

RECEIVED
FEB 26 1996

Arizona Statutory Agent: WILLIAM H CALLAWAY
Street Address: 177 N CHURCH AVE #1015
(NOT P.O. BOX)

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

City, State, Zip: TUCSON

AZ 85701-

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- 3/24
- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input checked="" type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ 45 -
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒

26 - 100 _____

101 - 500 _____

Over 500 _____

3. -- If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below --
-- and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. --

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	COMMON		\$1.00

Number of Shares Issued	Class	Series	Par Value
2,000	COMMON		\$1.00

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☒ and go on to Section 6.)

PRESIDENT: DAVID MOLINA

VICE PRESIDENT: _____

Address: 3950 W VALENCIA

Address: _____

TUCSON, AZ 85746-

Date taking office: 03-10-86

Date taking office: _____

SECRETARY: NANCY MOLINA

TREASURER: NANCY MOLINA

Address: 3950 W VALENCIA

Address: 3950 W VALENCIA

TUCSON, AZ 85746-

TUCSON, AZ 85746-

Date taking office: 03-10-86

Date taking office: 03-10-86

6. **DIRECTORS** (If no changes since last report, check here ☒ and go on to Section 7.)

NAME: DAVID MOLINA

NAME: NANCY MOLINA

Address: 3950 W VALENCIA

Address: 3950 W VALENCIA

TUCSON, AZ 85746-

TUCSON, AZ 85746-

Date taking office: 03-10-86

Date taking office: 03-10-86

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☐ and go on to Section 8.)

NAME DAVID MOLINA

NAME _____

NAME _____

NAME _____

Schedule L Balance Sheets		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		851.73		3,388.20
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		400.00		400.00
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach schedule) <i>Adv. to Employees</i>		450.00		450.00
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets	76,814.37		79,915.01	
b	Less accumulated depreciation	28,105.55	48,708.82	33,007.57	46,907.44
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)		15,000.00		15,000.00
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)		11,533.44		8,388.20
15	Total assets	76,943.99			108,728.84
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		5,800.00		3,376.23
18	Other current liabilities (attach schedule)		9,852.13		7,740.38
19	Loans from shareholders		33,935.10		19,173.03
20	Mortgages, notes, bonds payable in 1 year or more		52,477.16		82,675.88
21	Other liabilities (attach schedule)				
22	Capital stock		2,000.00		2,000.00
23	Paid-in or capital surplus				
24	Retained earnings		(27,120.40)		(16,376.68)
25	Less cost of treasury stock				
26	Total liabilities and shareholders' equity	76,943.99			108,728.84

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1	Net income (loss) per books	10,893.72	5	Income recorded on books this year not included on Schedule K, lines 1 through 6:
2	Income included on Schedule K, lines 1 through 6, not recorded on books this year:		a	Tax-exempt int. \$
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize):
a	Depreciation \$		a	Depreciation \$
b	Travel and entertainment \$		7	Add lines 5 and 6
	<i>Penalties: 12.61</i>		8	Income (loss) (Schedule K, line 23). Line 4 less line 7
4	Add lines 1 through 3	10,906.33		10,906.33

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (See page 22 of the instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year		
2	Ordinary income from page 1, line 21	(27,120.40)	
3	Other additions	11,847.57	
4	Loss from page 1, line 21	14.40	
5	Other reductions	(968.25)	
6	Combine lines 1 through 5	(16,226.68)	
7	Distributions other than dividend distributions	150.00	
8	Balance at end of tax year. Subtract line 7 from line 6	16,376.68	

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No ☒

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By X [Signature] Date 2-22-96 By X [Signature] Date 2-22-96
Title PRESIDENT Title Sec/TRES.