FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



EL ODIDA DEGADINACNIT OF CTATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L66

L00700

(6)

LAS VEGAS RESTAURANT II, CORP.

FILED

May 13 1998 8:00am

Secretary of State

incipal Place of Business	Mailing Ad

7015 W BROWARD BLVD PLANTATION FL 33317

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DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified 04/19/1990			
2. Principal	ncipal Place of Business 2a. Mailing Address				4. FEI Number		Applied For		
21	26					65-0196217		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
22 27					5. Certificate of Status Desired	Fee	Required		
City & St 23	ate	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Col	Country		8. This corporation owes or has paid the current year Intangible			
24	25 29 30			.	Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
Gonzalez, irving J., ESQ.			81 Name						
6015 GARFIELD STREET HOLLYWOOD FL 33024			82 Street Address (P.O. Box Number is Not Acceptable)						
				83					
				84	City	FL	85 Zip	o 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 a			d Age	nt signature re	equired when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	_		
TITLE	DP ANTONIO	☐ DEL	1		ĺ		L Change	Addition	
NAME	TOUR MI PROMISED BLID			1.2 NAME					
STREET ADDRESS			1.3 S	TAFET	ADDRESS				
CITY-ST-ZIP			ITY-S	T-ZIP					
TITLE	M DELETE 2.11					☐ Change	Addition		
NAME	VILARINO, CARMEN		2.2 N	AME					
STREET ADDRESS			2.3 \$	TAEET	ADDRESS				
CITY - ST - ZIP					T-ZIP	· · · · · · · · · · · · · · · · · · ·			
THLE	1	VP □ DELETE 3.1 FI		TLE			Change	Addition	
NAME	VILARINO, NILDA E		3.2 N	AME	[
STREET ADDRESS			3.3 \$	IREET	ADDRESS	•		i	
CITY-ST-ZIP	PEMPROKE PINES FL			ITY-S	T-ZIP				
TITLE	1	DEL			-		Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS	s		4.3 ST	reet	ADDRESS				
CITY-ST-ZIP				TY-S	T-ZIP				
TITLE		☐ DEL	ETE 5.1 TI	TLE			Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS	s		5.3 \$1	REET	ADDRESS				
CITY - ST - ZIP			5.4 CI	TY-S	T- ZIP				
TITLE		☐ DEL	ETE 61TI	TLE			☐ Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS	s		6.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				TY-S					
	y certify that the information supplied	with this films dose not a				Lin Section 119 07(3)(i) Florida Statutes I further ce	rtify that th	o information	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier until an appear in frue 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 an effective or trusted 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 all anathment with an address.

SIGNATURE:

13/98 954-98