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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041286

EL MARIACHI RESTAURANT, INC.

Principal Place of Busine	SS
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Mailing Address

929 UNIVERSITY DRIVE CORAL-SPRINGS FL 33071

Suite, Apt. #, etc.

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820 UNIVERSITY DBIVE CORAL SPRINGS FL 3307

2a. Mailing Address

City & State CORSI

1203 UNIL

FILED Mar 10, 1999 8:00 am Secretary of State

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	DO NOT WRIT	E IN	THIS	SPACE		
3.	Date Incorporated or Qualifed					
	06/09/1993					
4.	FEI Number				Applied For	
	65-0414775				Not Applicable	
5.	Certificate of Status Desired		_	\$8.75 Additional Fee Required		
6.	Election Campaign Financing			\$5.00 May Be		

This corporation owes the current year Intangible No Personal Property Tax. Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZULUAGA, ALVARO Street Address (P.O. Box Number is Not Acceptable) 2034 E. OAKLAND PARK BLVD. 83

FT. LAUDERDALE FL 33306-1107

	· <u>—</u> , ,
	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
1.	Pursuant to the provisions of Sections 607,0002 and 607,000, Florida Statetes, the above flamed corporation statement as 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
	Office of registered agent, of both, in the State of Florida. Such change was additionable by the corporation
	exect Lam familiar with and accept the obligations of Section 607 0505. Florida Statutes.

84 City

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applica-	thle (NOTE: Re	egistered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS				OFFICERS AND DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TiTLE		Change	Addition
NAME	MALANO, MARCO		1.2 NAME			
STREET ADDRESS	5035 N.W. 66TH DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CAMPOS, ELVIRA M		2.2 NAME			
STREET ADDRESS	2034 E. OAKLAND PARK BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1107		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	•		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6,1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY, ST. 7IP			6.4 CITY-ST-ZIP		•	

14. I hereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURED PARRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR