

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V70454** (6)

1. Corporation Name
TEQUILAS RESTAURANT CORP.



Principal Place of Business: **735 S. STATE ROAD 7 PLANTATION FL 33317**
Mailing Address: **2201 S.W. 50TH AVE. FORT LAUDERDALE. FL 33317**

3. Date Incorporated or Qualified: **10/07/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **735 S STATE RD 7**
2a. Mailing Address: **735 S STATE RD 7**
22. Suite, Apt. #, etc.:
23. City & State: **PLANTATION FL**
24. Zip: **33317** Country: **BROWARD**

4. FEI Number: **65-0361362**
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

**MEDINA, LUIS
2201 S.W. 50TH AVENUE
FT. LAUDERDALE FL 33317**

10. Name and Address of New Registered Agent

81. Name: **EDGAR MARROQUIN**
82. Street Address (P.O. Box Number is Not Acceptable): **10603 NW 32 CT**
83. City: **SUNRISE** State: **FL** Zip Code: **33351**

11. Pursuant to the provisions of Sections 607.01-02 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: DATE: **5-29-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, LUIS	
STREET ADDRESS	2201 S.W. 50TH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, JUANA	
STREET ADDRESS	2201 S.W. 50TH AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDGAR MARROQUIN	
1.3 STREET ADDRESS	10603 NW 32 CT	
1.4 CITY - ST - ZIP	SUNRISE FL 33351	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LIDIA MARROQUIN	
2.3 STREET ADDRESS	10603 NW 32 CT	
2.4 CITY - ST - ZIP	SUNRISE FL 33351	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **05-29-96** (954) 748 0042

CR2E034 (12/95)