FIL	E NOW: F	LING FEE	AFT	ER MAY 1	IS \$ 2	25	.00					
PROFIT CORPCRATION ANNUAL REPORT 1996 DOCUMENT # 681923			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
1. Corporation SEN	on Name OR FRIJOLES ,	INC.		(-/								
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Principal Plac	e of Business		M	ailing Address					E HODRIO BAIDA HEIRE ADAM	H ada ikk ekt ik		FFFT B1811 81811 1881
% RUTH C. STOKY 103900 B OVERSEAS HWY. KEY LARGO FL 33037				% Ruth C. Stoky 103900 B Overseas Hwy. Key Largo Fl 33037			j			· · · · · · · · · · · · · · · · · · ·		
									 Date Incorporated or Qualified 08/13/1980 		of Last 05/01/	
2. Principal P	lace of Business		2a.	Mailing Address					4. FEI Number 59-2029612	<u> </u>		Applied For
Suite, Apt.	#, elc.			Suite, Apt. #, etc.					Certificate of Status Desired			Not Applicable 5 Additional
City & Stat	e		27	City & State					6. Election Campaign Financing			Required May Be
Zip		ountry	28	Zip	Co	untry			Trust Fund Contribution 8. This corporation has liability to			ed to Fees s 199.032.
24	25 Neme and A	Address of Curre	29	tored Agent	30					s 🗌 No		
familiar w	reo agent, or both, i	II KINO STATE OF FROM	ua. Sucr	7,1508, Florida Statut ochange was authoriz 0505, Florida Statutes	'ea by the	ove-r corp	City named cor oration's I	prporatio board o	on submits this statement for the p of directors. I hereby accept the ap	FL urpose of cha pointment as	noine ite	registered office d agent. I am
SIGNATURE	Signature, typed or printed				DTE: Flegistere	d Ag on	l signature re	adinaed whe	en reinstating)	DATE		
TITLE	Б	OFFICERS AN	D DIREC	ORS DELETE	13.				ADDITIONS/CHANGES TO OF	···-		
NAME STREET ACCRESS	STOKY, RO 6 NORTH D	RIVE		D OCCETE	1.2 M	TITLE NAME STREET	ADDRESS			L	Change	Addition
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TOLE				DELETE	6 1 1	TITLE				C	Change	☐ Addition
NAME STREET ADDRESS					6.2 N		ADDDECC					
CITY ST. 7ID					635	I HEEF I	ADDRESS					

14. I do hereby certify that the information supplied with this fing 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 cath; 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 attrohiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Let Brown And Type Dor Printed Name Of Signing Officer or Director