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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M48452 (0) ✓

1. Corporation Name
RINCON ARGENTINO RESTAURANT, INC.

Principal Place of Business	Mailing Address
3650 CORAL WAY MIAMI FL 33145	3650 CORAL WAY MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1987

2. Principal Place of Business
21 2345 SW 37 Ave
22 Suite, Apt. #, etc.
23 City & State: Miami FL.
24 Zip: 33145 25 Country

2a. Mailing Address
26 819 ANASTASIA Ave.
27 Suite, Apt. #, etc.
28 City & State: Coral Gables FL.
29 Zip: 33134. 30 Country

4. FEI Number: 59-2821356 ✓ ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, ILEANA
3650 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: ILEANA DEMARZIANI
82 Street Address (P.O. Box Number is Not Acceptable): 819 ANASTASIA Ave.
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	DE MARZIANI, MIGUEL		1.2 NAME		
STREET ADDRESS	3650 CORAL WAY		1.3 STREET ADDRESS	819 ANASTASIA Ave	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	CORAL GABLES FL. 33134.	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMARZIANI, ILEANNA		2.2 NAME		
STREET ADDRESS	3650 CORAL WAY		2.3 STREET ADDRESS	819 ANASTASIA Ave	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	CORAL GABLES. FL 33134	
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	5.1 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-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: X _____ 01/15/98 (305) 567-9475