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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000076890 (8)

LAS TINAJITAS CAMAGUEYANAS INC

	THOUSE OF THE OFFICE OF THE	110, 110				
Principal Place of Business Mailing Address			5	T TORKINDE FIND TOTAL BORTE GOINT BERKE H	INTO NITOL SEALO MENT NATI TONI	
1771 NW 7 ST. MIAMI FL 33125		1771 NW 7 ST. MIAMI FL 33125		DO NOT WRITE IN THIS	SPACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>09/16/1996</li> </ol>		
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0693453	Not Applicable	
Suite, A	pt. W, etc.	Suite, Apt #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & S 23	tale	Crty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
ZIP	Country 25	7 ip	Country 30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible Yes No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	REYES, EDUARDO R 751 E. 16 PL. HIALEAH FL 33010		81 82 83	Name ELSA OROZCO  Street Address (P.O. Box Number is Not Acceptable)  4351 NW 11 ST APT 1D  City	85 Zip Code	
			04	MTAMT FI	as Zip Codi	

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	Elan Maco	ELSA ORG	OZCO	4/10/98	
	Storsalure, 1,000 or printed name of regist red agent and title II applica	able (NOTE R	egistered Agent signature re	equired when reinstating) DATE	
12.	OFFICE IS AND DIRECTORS		13	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	PSD	DELFTE	1.1 TATLE	☐ Chang	e Addition
NAME	JIMENEZ, WILLIAM		1.2 NAME		
STREET ADDRESS	4351 NW 11TH ST / 101 / 10		1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VTD	DELETE	21 TITLE	☐ Chang	e Addition
NAME	OROZCO, ELSA		2.2 NAME		
STREET ADDRESS	4351 NW 11TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL.		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Chang	e 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
HTLE		DELETE	4.1 TITLE	☐ Chang	Addition
NAME			4. 2 NAME		Į.
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY-ST-ZiP		
TITLE		DELETE	5.1 TITLE	Chang	B 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Chang	e Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
		1	I		

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:** 

**FILED** 

Apr 16 1998 8:00am

Secretary of State