

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 614523 (9)

1. Corporation Name
LILA'S RESTAURANT OF WESTCHESTER, INC.

Principal Place of Business

8518 CORAL WAY
MIAMI FL 33155-2336

Mailing Address

8518 CORAL WAY
MIAMI FL 33155-2336



3. Date Incorporated or Qualified
02/21/1979

3a. Date of Last Report
04/24/1996

4. FEI Number

59-1895850

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NAVARRO, REINALDO
9950 SW 25 CT
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD NAVARRO, REINALDO	☐ DELETE
12.2	STREET ADDRESS	9950 S.W. 25TH ST.	
12.3	CITY-STATE-ZIP	MIAMI FL	
12.4	TITLE	SD	☐ DELETE
12.5	NAME	NAVARRO, ADA	
12.6	STREET ADDRESS	9950 S.W. 25TH ST.	
12.7	CITY-STATE-ZIP	MIAMI FL	
12.8	TITLE	D	☐ DELETE
12.9	NAME	MILIANS, GISELA	
12.10	STREET ADDRESS	1105 W. 33RD PLACE	
12.11	CITY-STATE-ZIP	HIALEAH FL	
12.12	TITLE		☐ DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	

14. I do 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 and data 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:

Reinaldo Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97
Date

227-2120
Daytime Phone #

0210132

CR2E034 (9/96)