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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

G34623

(0)

CONSOLIDADO DEL SANDWICH CORPORATION

Suite, Apt. #, etc Suite, Apt. #, etc.	
2. Pincipal Place of Business 2. Mailing Address 4. FEI Number Apr A	
Suite, Apt. #, etc Suite,	lied For
27 City & State	Applicable
City & State	
25 26 27 28 29 30 30 30 30 30 30 30 3	
Zip Country Zip Country Zip Country R. This corporation owes or has paid the current year Integrated Personal Property Tax due June 30. Yes December Personal Property Tax due June 30. Ye	
9, Name and Address of Current Registered Agent GALINDO, RAUL 9441 SW 103RD ST MAMI FL 33178 83 84 City FL 85 Zip C 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 office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as in agent. I am familiar with, and accept the deligations of, Section 1607 605, Florida Statutes. SIGNATURE SIGNATURE OF LICE ES AND DIRECTORS 12. OF LICE ES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP ITILE DELETE 1.1 TITLE DELETE 3.1 TITLE DELETE 3.3 SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 TITLE DELETE	
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941 SW 1038D ST MAMI FL 33178 82 Street Address (P.O. Box Number is Not Acceptable) 83	
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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 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 reagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature hybrid or profess have of registered agent and tilled aggresable (NOTE Registered Agent signature required when reinstating). 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE PD GALINDO, RAUL STREET ADDRESS GALINDO, RAUL STREET ADDRESS GITY-SI-ZIP TITLE DELETE 1 A CITY-SI-ZIP TITLE DELETE 3 TITLE DELETE 3 TITLE DELETE 3 TITLE Change AME STREET ADDRESS GITY-SI-ZIP TITLE DELETE 4 TITLE DELETE 4 TITLE Change Change Change Change	
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SIGNATURE:

14. Thereby certify that the information supplied with this filing indicated on this annual report or supplemental annual reformation of the regiver or trust Block 12 or Block 13 if changed own an antachment with

RAUL GALINDO

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an uslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Secretary of State

Feb 17 1998 8:00 am