

04-28-2006 90193 015 \*\*\*150.00

|                                                                                                         |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| DOCUMENT # H66218                                                                                       |                                                                                                 | H 66218                      |                                                                           |  |                                                     |
| 1. Filing Name:<br><b>AZTEC RESTAURANT CORPORATION</b>                                                  |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| <b>AZTEC RESTAURANT Corporation</b>                                                                     |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| 2. Principal Place of Business:<br>6005 DIXIE HWY<br>FORT MEADE FL 33050 US                             |                                                                                                 |                              | 3. Mailing Address:<br>87 NE 44 ST<br>SUITE 2<br>OAKLAND PARK FL 33084 US |                                                                                   |                                                     |
| 2. Principal Place of Business:<br>City/State/Zip:                                                      |                                                                                                 |                              | 3. Mailing Address:<br><b>91 E Prospect Rd</b><br>City/State/Zip:         |                                                                                   |                                                     |
| City/State/Zip:                                                                                         |                                                                                                 |                              | City/State/Zip:                                                           |                                                                                   |                                                     |
| City/State/Zip:                                                                                         |                                                                                                 |                              | <b>Fort Lauderdale</b><br>City/State/Zip:                                 |                                                                                   |                                                     |
| City/State/Zip:                                                                                         |                                                                                                 |                              | <b>33334</b> <b>USA</b>                                                   |                                                                                   |                                                     |
| 6. Name and Address of Client Registered Agent                                                          |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| <b>COAR LAWRENCE J</b><br><b>9560 LEE MERKNE</b><br><b>SUITE 205</b><br><b>FORT LAUDERDALE FL 33301</b> |                                                                                                 |                              |                                                                           |                                                                                   | Name:<br><br>City/State/Zip:<br><br>City/State/Zip: |
| 8. Is this information a public record? (to be printed on separate sheet if applicable)                 |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| YES/NO: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                             |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| FILING FEE \$500<br>(By May 1, 2008 fee will be \$500)                                                  |                                                                                                 |                              | 9. Marked "Complete" if filing is complete. <input type="checkbox"/>      |                                                                                   |                                                     |
| (CHECK ONE) NEW OR EXISTING                                                                             |                                                                                                 |                              |                                                                           |                                                                                   |                                                     |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        | <b>50</b><br><b>CORPUS 1 CORP</b><br><b>87 NE 44 ST SUITE 2</b><br><b>OAKLAND PARK FL 33084</b> | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          | <b>Co</b><br><b>16</b><br><b>Lo</b>                                               | <input type="checkbox"/> EXISTING                   |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        |                                                                                                 | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          |                                                                                   | <input type="checkbox"/> EXISTING                   |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        |                                                                                                 | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          |                                                                                   | <input type="checkbox"/> EXISTING                   |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        |                                                                                                 | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          |                                                                                   | <input type="checkbox"/> EXISTING                   |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        |                                                                                                 | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          |                                                                                   | <input type="checkbox"/> EXISTING                   |
| TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                                                        |                                                                                                 | <input type="checkbox"/> NEW | TOP<br>NAME<br>SHEET 11 OF 22<br>CITY/STATE/ZIP:                          |                                                                                   | <input type="checkbox"/> EXISTING                   |

**RESEARCH DESIGN AND METHODS**

04/7/2008 CYP CP2004(1V05)

|             |               |
|-------------|---------------|
| 4 H H N 007 | Applicant     |
| 59251526    | Net Applicant |

5. (Indicate if you are) ☐ **\$875/Weekend  
Fee Required**

6 Name and Address of Client Registered Agent

CHARLAVENUE  
SEMIENNENNE  
SUIFUS  
KONLAUENUE H. 3301

## Notes

(4017 A1300.0-X) Hx/N, nkt, E, Nt/Av, T, St, K)

**CHV**

**A**

**4x 5x**

[illegible]

(光緒十八年)

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**RENEWAL PRICES:**  
**Apr-May 1, 2018: \$11.95**

5. **История создания и развития**  
**института культуры**

**\$500+ over  
Admitted Fee**

**11** (H)(H+)(X)HX(X)S

113K N4 H7K5K X H H E N1 K K N11

|              |                      |                               |
|--------------|----------------------|-------------------------------|
| TIF          | SD                   | <input type="checkbox"/> 100% |
| NAME         | CORRIGI COLOR        |                               |
| SUBJECT LINE | BYNCA4ST3LIC2        |                               |
| CITY STATE   | OMLAND PARK FL 33064 |                               |

|                                   |                                                            |                                                                                       |
|-----------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
| TUF<br>HNF<br>5/27/74<br>(TV 577) | Cortes, Hector<br>16553 Norris Rd<br>Los Angeles, CA 90044 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address<br>33470- |
|-----------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                      |                                  |
|--------------------------------------|----------------------------------|
| TTP<br>TDF<br>SSM/MS/MS<br>TTP/MS/MS | <input type="checkbox"/> 1/1/1/1 |
|--------------------------------------|----------------------------------|

|                |                                                                    |
|----------------|--------------------------------------------------------------------|
| TRF            | <input type="checkbox"/> (Buyer) <input type="checkbox"/> (Seller) |
| NAME           |                                                                    |
| STREET ADDRESS |                                                                    |
| CITY STATE     |                                                                    |

|                                             |                                |
|---------------------------------------------|--------------------------------|
| TUF<br>NAME<br>STREET ADDRESS<br>CITY STATE | <input type="checkbox"/> 1000: |
|---------------------------------------------|--------------------------------|

|                                     |                                                                     |
|-------------------------------------|---------------------------------------------------------------------|
| TIF<br>HMF<br>SMTM/STF<br>CTV ST 70 | <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove |
|-------------------------------------|---------------------------------------------------------------------|

|               |                               |
|---------------|-------------------------------|
| TIF           | <input type="checkbox"/> 100% |
| DMF           |                               |
| SEPHADYL 1000 |                               |
| CTT/ST 70     |                               |

|            |                                                                     |
|------------|---------------------------------------------------------------------|
| TOP        | <input type="checkbox"/> Change: <input type="checkbox"/> Additions |
| NAME       |                                                                     |
| DATE       |                                                                     |
| CITY STATE |                                                                     |

|              |                               |
|--------------|-------------------------------|
| WTF          | <input type="checkbox"/> 100% |
| DMF          |                               |
| SECRET/11/03 |                               |
| OT/ST/21     |                               |

|         |                                                           |
|---------|-----------------------------------------------------------|
| TIME    | <input type="checkbox"/> (H) <input type="checkbox"/> (A) |
| DATE    |                                                           |
| NAME    |                                                           |
| ADDRESS |                                                           |
| CITY    |                                                           |

|            |                                  |
|------------|----------------------------------|
| TIME       | <input type="checkbox"/> Initial |
| DATE       |                                  |
| SIGNATURE  |                                  |
| CITY STATE |                                  |

|                                       |                                                                   |
|---------------------------------------|-------------------------------------------------------------------|
| TUF<br>HMF<br>:JSTW1157:<br>(TV 3 28: | <input type="checkbox"/> Cherry <input type="checkbox"/> Pickings |
|---------------------------------------|-------------------------------------------------------------------|

<sup>12</sup> I hereby certify that the information given in this affidavit is true to the best of my knowledge and belief. I am duly sworn.

11-17-21 954-776-1581