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

PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # H85919

(9)

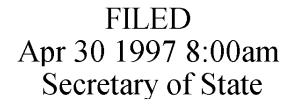
TOLIMA RESTAURANT, INC.

Principal Place of Business

N ARTURO LOPEZ

Mailing Address

% ARTURO LOPEZ





4921 HONDA ST. CORAL GABLES FL 33148		4921 HONDA ST. CORAL GABLES FL 33146-1731		T.				
	·				3. Date Incorporated or Qualified 11/15/1985 3a. Date of Last Rep. 04/19/1996			eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del>'</del>	Ap	plied For
21 435	S.W. 1797e.	26			59-2599754		No	t Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 A Fee Re	Additional quired	
City & State 23 Mi A	mi-//-	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 3 3/	130/25 Country 5a.	Zip	Country 30	1	8. This corporation has liability for in Florida Statutes	ntangible tax		199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re-	gistered Age	ent	
	ez, arturo		81	Name				
4921 RONDA ST. CORAL GABLES FL 33146			82	Street Add	ress (P.O. Box Number is Not Acceptab	1c)		
001	AL CAPETO I E COLLO		83			W. 7.1		
			84	City	,		35 Zip (	Code
t. ·					poration submits this statement for the p tion's board of directors. I hereby accep		· ·	
	Signature, typed or printed name of registered a			ent signature requ	irod when reinstating)	DATE		
12.		ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC			····
TITLE NAME	ptd Lopez, arturo	☐ DELETE	1.1 THEE			L	Change	Addition
STREET ADDRESS	4921 RONDA ST.		1.2 NAME	150				
	CORAL GABLES FL			ADDRESS				
CITY-ST-ZIP TITLE	VSD	DELETE	14 CITY-S 2.1 TITLE	51 - ZIP			Change	Addition
NAME	LOPEZ, CLARA		2.2 NAME			_	Diango	L_J Addition
STREET ADDRESS	4921 RONDA ST.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-					
TITLE		☐ DELETE	31 TITLE				Change	Addition
NAME			3.2 NAME				-	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY -	S1-2IP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 \$TREET	ADORESS				
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			,	
TITLE		DELETE	51 TITLE			L	Change	Addition Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY-5	SI - Zily		· · · · · · · · · · · · · · · · · · ·	0	1100
TITLE		DELETE	6.1 TITLE			L	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			1	ADDRESS .				
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP				

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 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 60Z. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.