

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 038 ***150.00

DOCUMENT # **K58451**

1. Corporation Name

LA PALMA RESTAURANT NO. 2 INC.

Principal Place of Business

% FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135

Mailing Address

% FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1989

4. FEI Number

65-0224246

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3663 S.W. 8th Street

Suite, Apt. #, etc.

Third Floor

City & State

MIA FL

Zip

33135

Country

USA

2a. Mailing Address

3663 S.W. 8th Street

Suite, Apt. #, etc.

Third Floor

City & State

MIA FL

Zip

33135

Country

USA

9. Name and Address of Current Registered Agent

**VALLS, FELIPE A.
700 SW 36TH AVE
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name

VALLS, FELIPE A.

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

3663 S.W. 8th Street Third Floor

83

84 City
MIAMI

FL

85 Zip Code
33135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **VALLS, FELIPE A.**
STREET ADDRESS **700 SW 36TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **TORRESS DENAVARRA, CARLOS**
STREET ADDRESS **700 S.W. 36TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **VALLS, FELIPE A.**
1.3 STREET ADDRESS **3663 S.W. 8th Street Third Floor**
1.4 CITY-ST-ZIP **Miami, FL 33135**

2.1 TITLE **SD** ☒ Change ☐ Addition

2.2 NAME **TORRES DE NAVARRA, CARLOS**
2.3 STREET ADDRESS **3663 S.W. 8th Street Third Floor**
2.4 CITY-ST-ZIP **Miami, FL 33135**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Carlos Torres de Navarra SECRETARY CARLOS TORRES DE NAVARRA 3/1/99 (305) 446-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0200699

CR2E034 (11/98)