FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K75881** **(8)**

1. Corporation Name
ESCOBAR'S GULF, INC.

Principal Place of Business	Mailing Address
12465 SW 33 ST MIAMI FL 33175	12465 SW 33 ST MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1989	04/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0107003	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has elected to be taxed as an "S" corporation under Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESCOBAR, MANUEL A. 12465 SW 33 ST MIAMI FL 33175	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.1622 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: (If changing registered agent, registered agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS
01 TITLE	DP	01 TITLE ☐ Change ☐ Addition
02 NAME	ESCOBAR, MANUEL A.	02 NAME
03 STREET ADDRESS	12465 SW 33 ST	03 STREET ADDRESS
04 CITY ST ZIP	MIAMI FL	04 CITY ST ZIP
05 TITLE	DV	05 TITLE ☐ Change ☐ Addition
06 NAME	ESCOBAR, MANUEL JR	06 NAME
07 STREET ADDRESS	12465 SW 33 ST	07 STREET ADDRESS
08 CITY ST ZIP	MIAMI FL	08 CITY ST ZIP
09 TITLE	DV	09 TITLE ☐ Change ☐ Addition
10 NAME	ESCOBAR, EDUARDO	10 NAME
11 STREET ADDRESS	11837 SW 93 TERR	11 STREET ADDRESS
12 CITY ST ZIP	MIAMI FL	12 CITY ST ZIP
13 TITLE	DT	13 TITLE ☐ Change ☐ Addition
14 NAME	ESCOBAR, MARTA	14 NAME
15 STREET ADDRESS	11758 SW 98 TERR	15 STREET ADDRESS
16 CITY ST ZIP	MIAMI FL	16 CITY ST ZIP
17 TITLE	DS	17 TITLE ☐ Change ☐ Addition
18 NAME	ESCOBAR, MARTA	18 NAME
19 STREET ADDRESS	12465 SW 33 ST	19 STREET ADDRESS
20 CITY ST ZIP	MIAMI FL	20 CITY ST ZIP
21 TITLE		21 TITLE ☐ Change ☐ Addition
22 NAME		22 NAME
23 STREET ADDRESS		23 STREET ADDRESS
24 CITY ST ZIP		24 CITY ST ZIP

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: EDDY ESCOBAR VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/95
Date

0100179 CP