

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

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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L45233 (8)

1. Corporation Name
EL VASQUITO, INC.

Principal Place of Business
1272 N MILITARY TR
WEST PALM BEACH FL 33409
US

Mailing Address
P O BOX 18914
WEST PALM BEACH FL 33416-8914



3. Date Incorporated or Qualified 01/26/1990
3a. Date of Last Report 06/12/1996

4. FEI Number 65-0176093
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1322 N. MILITARY TRAIL
Suite, Apt. #, etc.
22
City & State
23 WEST PALM BEACH FL
Zip
24 33409
Country
25 P. Beach
2a. Mailing Address
26 P.O. Box 18914
Suite, Apt. #, etc.
27
City & State
28 W.P.B. FL
Zip
29 33416
Country
30 P. Beach

9. Name and Address of Current Registered Agent

HERNANDEZ, LANTA C
4414 CONSTAUNTINE CIRCLE
WEST PALM BEACH FL 33463

10. Name and Address of New Registered Agent

81 Name HERNANDEZ LANA
82 Street Address (P.O. Box Number is Not Acceptable)
4414 CONSTANTINE CIRCLE
83
84 City LAKE WORTH FL 85 Zip Code 33463

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	DP	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JULIO	
STREET ADDRESS	4414 CONSTANTINE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, LUS	
STREET ADDRESS	4414 CONSTATINE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERNANDEZ JULIO	
1.3 STREET ADDRESS	4414 CONSTANTINE CIRCLE	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
2.1 TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERNANDEZ LANA	
2.3 STREET ADDRESS	4414 DOUSTANTINE CIRCLE	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julio Hernandez* JULIO HERNANDEZ 9/18/97 (SW) 6879290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)