

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M17319 (8)

1. Corporation Name

EL TIO PEPE DE MIAMI RESTAURANT INC.



Principal Place of Business

Mailing Address

7711 SW 40TH ST
MIAMI FL 33155

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MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. *Alcazar*
22 SPANISH RESTAURANT
23 7711 S.W. 40TH STREET
(BIRD ROAD)
MIAMI, FLORIDA 33155
24 City & State
25 Zip
26 Country

26 Suite, Apt. #, etc. *Alcazar*
27 SPANISH RESTAURANT
28 7711 S.W. 40TH STREET
(BIRD ROAD)
MIAMI, FLORIDA 33155
29 City & State
30 Zip
31 Country

3. Date Incorporated or Qualified

06/26/1985

3a. Date of Last Report

04/10/1995

4. FEI Number

59-2547762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, CONSTANTINO
11307 SW 74 ST
MIAMI FL 33165

81 Name

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

83

84 City

FL

85 Zip Code

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 that it is acceptable.

(NOTE: Registered Agent's signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	GARCIA, CONSTANTINO	11307 SW 74 ST	MIAMI FL	<input type="checkbox"/>
VD	BAJO, JAIME	10217 S.W. 4 ST.	MIAMI FL	<input type="checkbox"/>
TD	CRUZ, JOSE	5569 N.W. 194 LN.	MIAMI FL	<input type="checkbox"/>
ATD	GONZALEZ, JOSE	3335 S.W. 65 AVE.	MIAMI FL	<input type="checkbox"/>
SD	CEINOS, RAFAEL	5201 N.W. 7 ST #615 W	MIAMI FL	<input type="checkbox"/>
ASD	DOMINGUEZ, CIPRIANO	4105 S.W. 116 AVE.	MIAMI FL	<input type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2	TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3	TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4	TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5	TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6	TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

305-261-7249

CR2E034 (12/95)