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FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M17319 (8)

1. Corporation Name
EL TIO PEPE DE MIAMI RESTAURANT INC.

Principal Place of Business
7711 SW 40TH ST
MIAMI FL 33155

Mailing Address
7711 SW 40TH ST
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1985

4. FEI Number
59-2547762

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

GARCIA, CONSTANTINO
11307 SW 74 ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA, CONSTANTINO

STREET ADDRESS 11307 SW 74 ST

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BAJO, JAIME

STREET ADDRESS 10217 S.W. 4 ST.

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME CRUZ, JOSE

STREET ADDRESS 5569 N.W. 194 LN.

CITY-ST-ZIP MIAMI FL

TITLE ATD ☐ DELETE

NAME GONZALEZ, JOSE

STREET ADDRESS 3335 S.W. 65 AVE.

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME CEINOS, RAFAEL

STREET ADDRESS 5201 N.W. 7 ST #615 W

CITY-ST-ZIP MIAMI FL

TITLE ASD ☐ DELETE

NAME DOMINGUEZ, CIPRIANO

STREET ADDRESS 4105 S.W. 116 AVE.

CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-98

305-261-7249

Date Daytime Phone # 0216632

CR2E034 (10/97)