

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90274 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # M17319**

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 Applicable5. 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

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**GARCIA, CONSTANTINO**  
**11307 SW 74 ST**  
**MIAMI FL 33185**

10. Name and Address of New Registered Agent

**81 Name RAFAEL CEINOS**  
**82 Street Address (P.O. Box Number is Not Acceptable) 7711 SW 40ST**  
**83**  
**84 City MIAMI FL 85 Zip Code 33155**

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 re-registering)

DATE

**5-20-99**

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARCIA, CONSTANTINO</b>	
STREET ADDRESS	<b>11307 SW 74 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAJO, JAIME</b>	
STREET ADDRESS	<b>40217 S.W. 4 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>TD</del>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, JOSE</b>	
STREET ADDRESS	<b>5569 N.W. 194 LN.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>YD</del>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, JOSE</b>	
STREET ADDRESS	<b>3335 S.W. 65 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>SD PD</del>	<input type="checkbox"/> DELETE
NAME	<b>CEINOS, RAFAEL</b>	
STREET ADDRESS	<b>5201 N.W. 7 ST #615 W</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del>SD SD</del>	<input type="checkbox"/> DELETE
NAME	<b>DOMINGUEZ, CIPRIANO</b>	
STREET ADDRESS	<b>4105 S.W. 116 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Jose Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)