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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

18620 N.W. 87 AVE.

SIGNATURE

5985 W 25 CT MIAMI FL 33015



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M31700

(1)

Mailing Address

18620 N.W. 67 AVE.

HIALEAH FL 33015

CASA ROMEU RESTAURANT INC.

FILED
Mar 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

_					05/06/1986		
2. Principal P	face of Business	2a. Mailing Address	2a, Mailing Address		4. FEI Number	App	olied For
21		26			59-1857511	Not	Applicable
		Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired	\$8.75 A	
		27				Fee Rec	`
7		City & State	State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N	
23 Zip	Country	28	Count	rv		Added to	
24	25	29	30	•	This corporation owes or has paid the curl Personal Property Tax due June 30.		No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered		
				1 Name			
18620 N.W. 67 AVE.				Diversit 4 -	(DC Dayle Land Market No.		
HIALEAH FL 33015			8:	Street At	ddress (P.O. Box Number is Not Acceptable)		
THE BUTTE COULD			ā	3			
			_				
			8-	4 City	FL	85 Zip Ci	ode
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 age	ent and title if applicable (NOTE	: Registered A	gent signature re	quired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PT	☐ DELETE	1.1 TITLE	l l		L. Change	☐ Addition
NAME	ROMEU, HERIBERTO		1.2 NAME				
STREET ADDRESS	18620 N.W. 67 AVE.		1.3 STRE	ET ADDRESS			,
CITY-ST-ZIP	HIALEAH FL		1.4 CITY				
TITLE	SD	DELETE	2.1 TITLE			Change	Addition !
NAME	ROMEU, NURI		2.2 NAME				
STREET ADDRESS	18271 S 27TH ST	**	2.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP	MIRAMAR FL		2. 4 CITY		<u></u>	T-1 :	
TITLE		DELETE	3.1 TITLE	- 1		☐ Change	☐ Addition
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY			T-1 2:	
TITLE		DELETE	4.1 TITLE	ſ		Change	Addition
NAME			4. 2 NAM	·			Ì
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		There exercises	4.4 CITY			TT at	1 4 4 4 9 2 3
TITLE		☐ DELETE	5.1 TITLE	- 1		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	et address			}
CITY-\$T-ZIP		T Becere	5.4 CITY			T 01	T Addition
TITLE		☐ DELETE	6.1 TITLE	- 1		Change	☐ Addition
NAME	1		6.2 NAME				
STREET ADDRESS				ET ADDRESS			l
CITY-ST-ZIP	will that the information as a reliable	th this tiles does not small to	6.4 CITY-		in Continu 450 07/2VI) Florida Cont dos 15 million	المطاه والمالية والمالية	ntornation
14. Thereby 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 eath; that I am an officer or director of the report of the re							