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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90067 017 ***150.00

DOCUMENT # M31700

1. Corporation Name
CASA ROMEU RESTAURANT INC.

Principal Place of Business	Mailing Address
18620 N.W. 67 AVE.	18620 N.W. 67 AVE.
5985 W 25 CT	HIALEAH FL 33015
MIAMI FL 33015	US
US	

· DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	
05/06/1986	

2. Principal Place of Business		2a. Mailing Address	
21	18620 N.W. 67 AVENUE	26	

4. FEI Number		Applied For
59-1857511		Not Applicable

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	

5. Certifcate of Status Desired ☐   **$8.75** Additional Fee Required

City & State		City & State	
23	MIAMI, FLORIDA	28	

6. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution   Added to Fees

Zip	Country	Zip	Country
24	33015-2406	25 · U.S.A.	29		30	

8. This corporation owes the current year Intangible
Personal Property Tax.   ☐ Yes   ☒ No

9. Name and Address of Current Registered Agent

ROMEU, HERIBERTO
18620 N.W. 67 AVE.
HIALEAH FL 33015

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

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROMEU, HERIBERTO		1.2 NAME		
STREET ADDRESS	18620 N.W. 67 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROMEU, NURI		2.2 NAME		
STREET ADDRESS	18271 S 27TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ Heriberto Romeu   3-18-99   305-624-9843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PT   Date   Daytime Phone #