JAN-18-2000 10:57 CT CORPORATION SYSTEM 850 222 7615 P.02/05

DOCUMENT # M34914

1. Entity Name
DON Pedro RESTAURANT, Inc.

Principal Place of Business
11399 OVERSEAS HWY
MARATHON, FL 33050

Mailing Address

FILED
00 JAN 19 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11399 OVERSEAS HWY
Suite, Apt. #, etc.:
City & State: MARATHON FL
Zip: 33050 Country: MONROE

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-2690234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MIGUEL OLIVERO
11399 OVERSEAS HWY
MARATHON, FL 33050

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE ANNUAL FEE IS $150.00
AFTER MAY 1, 2000 FEE WILL BE $550.00
Make Checks Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ Pedro GONZALEZ, 11399 OVERSEAS HWY, MARATHON FL 33050 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MIGUEL OLIVERO, 11399 OVERSEAS HWY, MARATHON, FL 33050 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D: ORELIA GONZALEZ, 11399 OVERSEAS HWY, MARATHON, FL 33050 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/ ANA OLIVERO, 11399 OVERSEAS HWY, MARATHON FL 33050 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MIGUEL OLIVERO 1/18/00 305-743-5247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #