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FILED

Feb 03 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 # M48452 (0)
1. Corporation Name
RINCON ARGENTINO RESTAURANT, INC.



Principal Place of Business

3650 CORAL WAY
MIAMI FL 33145

Mailing Address

3650 CORAL WAY
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2345 SW 37 Ave

Suite, Apt. #, etc.

22 City & State
23 Miami FL

24 Zip
33145

25 Country

2a. Mailing Address

26 819 ANASTASIA Ave

Suite, Apt. #, etc.

27 City & State
28 Coral Gables FL

29 Zip
33134

30 Country

3. Date Incorporated or Qualified

03/17/1987

4. FEI Number

59-2821356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

DIAZ, ILEANA
3650 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name ILEANA DEMARZIANI

82 Street Address (P.O. Box Number is Not Acceptable)

83 819 ANASTASIA Ave

84 City Coral Gables

FL

85 Zip Code 33134

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 S
NAME DE MARZIANI, MIGUEL
STREET ADDRESS 3650 CORAL WAY
CITY-ST-ZIP MIAMI FL

TITLE P
NAME DEMARZIANI, ILEANA
STREET ADDRESS 3650 CORAL WAY
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 819 ANASTASIA Ave
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 819 ANASTASIA Ave
2.4 CITY-ST-ZIP Coral Gables FL 33134

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE [Signature] 01/15/98 (305) 567-9475

CR2E034 (10/97)