· FILI	E NOW: FILING FEE A	AFTER MAY 1ST IS	\$550.00	APPROVEL
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED
ANNUAL REPORT 1998				98 APR 24 PM 1:31
DOCUMENT # M80107 (9)				SECRETARY OF STATE TALL AHASSEE. FLORIDA
THREE	E ami gos restaurant, in	IC.		
Principal Plac		Mading Address 2300 CORAL WAY		
#200 MIAMI FL 33145		#200 MIAMI FL 33145		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	lace of Business	2a. Mailing Address		05/05/1988 4. FEI Number Applied For
Suite, Apt.	CORAL WAY #, etc.	26 2300 CORAL Suite, Apt #, etc.	WAY	65-0255565 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
22 #200 City & Stat 23 MIAM		27 #200 City & State 28 MIAMI, FLOI		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 33145	Country 25 U.S.	2p 29 33145	Country U.S.	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 FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY 10. Name and Address of New Registered Agent Name PS Street Address (D.O. Bey Number in Net Assertable)				
#200 MIAMI FL 33145 82 Street Address 83			et Address (P.O. Box Number is Not Acceptable)	
11. Pursuant	to the audicional historious 607 0505	and 607 1609 Florida Statutos	84 City	FL 85 Zip Code
office or red sterott a remy or trible, in the State of Fjorida. Sych change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am accuracy with and accept the appointment as registered agent. I am accuracy with and accept the appointment as registered.				
·····	Signature, when w photed rise of reactioned ages	Wind title if topplicable (NOTE I	Registered Agent signature	urc required when reinstating)DATE
12.	OLLICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	LAZO, RAMON	<u> </u>	1.2 NAME	
STREET ADDRESS City-St-Zip	3451 NE 6TH AVENUE FT. LAUDERDALE FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	UT/ CO/ 300 ""UI 1 1 0 " "UI () ()
TITLE NAME	STD Clemente, Lemus J. 4151 NW 5TH AVENUE	DELETE	2.1 TITLE 2.2 NAME	Change To Addition
STREET ADDRESS CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
NAME STREET ADDRESS		L. DILLETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 C(TY - S1 - Z(P	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME Street address			5.2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CRY- ST- ZIP	m w/2i''

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 it changed, or on an attachment with an address.

64 CITY-ST-ZIP

61 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

ALL THE RESIDENCE AND AND ASSESSED TO THE RESIDENCE ASSESSED TO THE RESIDENCE ASSESSED TO THE RESIDENCE ASSESSED TO THE RESIDENCE ASSESSED.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition