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Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001953**
1. Corporation Name

"EL VADO DE TABOC, INC."
Principal Place of Business Mailing Address
(The same)

2. Principal Place of Business
21 **2661 NE 18th Ter. / Apt. #1**
Suite, Apt. #, etc. (1)
22 **Light House Point, FL**
City & State
23 **33064-7721**
Zip Country
24 **FL**

2a. Mailing Address
25 **2661 NE 18th Ter. / Apt. #1**
Suite, Apt. #, etc.
26 **Light House Point, FL**
City & State
27 **33064-7721**
Zip Country
28 **FL**

3. Date Incorporated or Qualified
April 8, 1997
4. FE Number **I need applied for**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No **Applicable**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Francisco A. Lopez
2661 NE 18th Ter. / Apt. #1
Light House Point, FL, 33064-7721

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 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Francisco A. Lopez** DATE **04/28/98**
Signature, typed or printed name of registered agent and that it is applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE **Director** ☐ DELETE (N/A)
NAME **Francisco A. Lopez**
STREET ADDRESS **2661 NE 18th Ter. / Apt. #1**
CITY-ST-ZIP **Light House Point, FL, 33064-7721**
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **"T"** ☐ Change ☒ Addition
1.2 NAME **Eligio Cotto**
1.3 STREET ADDRESS **300 NE 44th**
1.4 CITY-ST-ZIP **Pompano Beach, FL, 33064** ☐ Change ☒ Addition
2.1 TITLE **T**
2.2 NAME **Gregorio Del Valle**
2.3 STREET ADDRESS **6320 SW 3 St.**
2.4 CITY-ST-ZIP **Margate, FL, 33068** ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **400002543434**
5.3 STREET ADDRESS **-06/02/98--01018--004**
5.4 CITY-ST-ZIP *****30.00**
6.1 TITLE ☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Francisco A. Lopez** DATE **04/28/98** **(954) 946-1591**
Signature and typed or printed name of signing officer or director

Pr. changing The address on the office & business.
(The change of the office & business is retained)

Last Name retained

CR2E037 (10/97)