DOCU 1. Entity Narr	ConstraintConstraintMENT #P0100	INESS REP 0061890	ORT (UBF	Secretary of State
	RO AMERICANO RESTAUR	ANT CORP.		05-20-2002 90117 015 ***150.00
Principal Plac 1 S.W. 107 A MIAMI FL 331	=	Mailing Address 1 S.W. 107 AVENUE MIAMI FL 33174		
2. Principal P	lace of Business	3. Mailing Address	<u> </u>	
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	e	City & State		4. FEI Number Applied For
• Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
·	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	, Jorge A 7 Avenue 33174		Name Street Ad	Address (P.O. Box Number is Not Acceptable)
SiGNATURE	ions of registered agent.	nd title if applicable. (NC FILE NOW After September 1		to. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	PD Moreno, Jorge A 2419 N.W. 11ST ST MIAMI FL 33125	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
STREET ADDRESS	V CASTELLANOS, JUAN F 1 S.W. 107 AVENUE MIAMI FL 33174	Relete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP	
CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP I3. I hereby ce indicated c of the corp.		vered to execute this report	CITY-ST-ZIP r the exemption stated my signature shall hav as required by Chapt	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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	UMENT # P010	SINESS REP 000061890		BR)		1.1		
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Principal	I Place of Business	3. Mailing Address	·					
Suite, Ap	Di. R. etc.	Suite, Apt. #, etc.			DO NO	T WRITE IN TH	IS SPACE	
City & St	ate	City & State	· · · · · · · · · · · · · · · · · · ·	d.	FEI Number	110	;	Applied For
Zip	Country	Zip	Country		63 · [[] /	(1)	\$8.75 A	Not Applicable
	6Name and Address of Curren	Tt Registered Agent	<u> </u>		Certificate of Status Des		Fee Requi	
-1			Name		Name and Address of I	www.Registere	Agent	
	0, JORGE A 107 AVENUE		Street	Address (P.O.	Box Number is Not Acce	ptable)		
Mami Fi	•					· · ·		
			City					
The abov	e named entity submits this statement i					F	Zip Co	de
	Signature, typed or printed name of registered agen		ITE: Registered Agent eigne		enezeng)	DATE		
Tax filing	Signature, typed or privide name of registered agen poration is eligible to satisfy its intengible requirement and elects to do so, pria on back)	FILE NOW After May 1, 24 Make Check Paya	111 FEE IS \$150. 002 Fee will be \$1 ble to Departmen	.00 550.00 nt of State	10. Election Campaig Trust Fund Contri	n Financing bution.	\$5.0	
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