

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0125409

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P05748**

(9)

1. Corporation Name

CUCOS INC.

FILED

98 OCT 20 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1985

4. FEI Number

72-0915435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

Principal Place of Business

110 VETERANS BLVD.
STE. 222
METAIRIE LA 70005
US

Mailing Address

110 VETERANS BLVD.
#222
METAIRIE LA 70005
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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	VPC	<input checked="" type="checkbox"/> DELETE
NAME	RANDALL, LEE W	
STREET ADDRESS	110 VETERANS BLVD. STE 222	
CITY-STATE-ZIP	METAIRIE LA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KHOURY, ELIE V	
STREET ADDRESS	110 VETERANS BLVD. STE 222	
CITY-STATE-ZIP	METAIRIE LA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LIUZZA, VINCENT J JR.	
STREET ADDRESS	110 VETERANS BLVD. STE 222	
CITY-STATE-ZIP	METAIRIE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PULTZER, SIDNEY C.	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222	
CITY-STATE-ZIP	METAIRIE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	URIA, MIGUEL	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222	
CITY-STATE-ZIP	METAIRIE LA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LIUZZA, VINCENT J. J	
STREET ADDRESS	110 VETERANS BLVD, SUITE 222	
CITY-STATE-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas J. Grace	
1.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
1.4 CITY-STATE-ZIP	Metairie, LA 70005	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David M. Liuzza	
2.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
2.4 CITY-STATE-ZIP	Metairie, LA 70005	
3.1 TITLE	Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel L. Earles	
3.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
3.4 CITY-STATE-ZIP	Metairie, LA 70005	
4.1 TITLE	Director (no longer Pres)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elie V. Khoury	
4.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
4.4 CITY-STATE-ZIP	Metairie, LA 70005	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

400002670084-5
-10/22/98-01063-006
****550.00 ****550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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 REQUIRED

CR2E034 (5/98)