FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 13 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 # **P12864** **(5)**

1. Corporation Name
EL TORITO RESTAURANTS, INC.

Principal Place of Business	Mailing Address
18831 VON KARMAN AVENUE SUITE 400 IRVINE CA 92715 US	18831 VON KARMAN AVENUE SUITE 400 IRVINE CA 92715 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1987

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 92612 Country 25

2a. Mailing Address
26 c/oFamily Restaurants, Inc.
Suite, Apt. #, etc.
27 2701 Alton Avenue
City & State
28 Irvine, CA
Zip 29 92606 Country 30 US

4. FEI Number: 33-0197059 ☐ 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 STMT. 1

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. See Stmt. 2 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURT, WILLIAM	1.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVENUE #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92715	1.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TREBLING, ROBERT T JR.	2.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, TODD E	3.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVE, STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GONDA, ROBERT D	4.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612	4.4 CITY-ST-ZIP	
TITLE	DCEO ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RELYEA, KEVIN S	5.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MALANGA, MICHAEL E	6.2 NAME	
STREET ADDRESS	18831 VON KARMAN AVENUE #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612	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: _____ Title: _____ (Area Code & Daytime Telephone Number)

CR2E034 (10/97)