

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90194 048 ***168.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000004084**

1. Corporation Name
GARCIA SEAFOOD GRILLE & FISH MARKET, INC.

Principal Place of Business 398 NW NORTH RIVER DR MIAMI FL 33128	Mailing Address 398 NW NORTH RIVER DR MIAMI FL 33128
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/13/1992		4. FEI Number 65-0370663		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

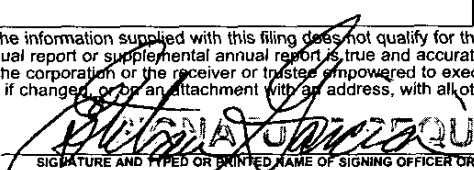
9. Name and Address of Current Registered Agent GARCIA, ESTABAN JR. 398 NW N RIVER DR MIAMI FL 33128				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	GARCIA, ESTEBAN L			1.2 NAME			
STREET ADDRESS	398 NW NORTH RIVER DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	GARCIA, ESTEBAN			2.2 NAME			
STREET ADDRESS	398 NW NORTH RIVER DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			2.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	GARCIA, LUIS			3.2 NAME			
STREET ADDRESS	398 NW NORTH RIVER DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			3.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	GARCIA, MARIA L			4.2 NAME			
STREET ADDRESS	398 NW NORTH RIVER DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-375-0765

CR2E034 (11/98)

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