

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300001075

1. Corporation Name

DON RAMON III, RESTAURANT, INC.

| Principal Place of Business | Ma  |
|-----------------------------|-----|
| 100 SE MONTEREY RD          | 100 |

iling Address

100 SE MONTEREY RD

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

05-04-1999 90191 033 \*\*\*150.00



| STUART FL 34994    |  | STUART FL 34994  |                         |   | DO NOT WRITE IN THIS SE  | DACE.                  |  |  |
|--------------------|--|--|-------------------------|---|--|------------------------|--|--|
|                    |  |  |                         |   | 3. Date Incorporated or Qualifed   | -ACL                   |  |  |
|                    |  |  |                         |   | 01/07/1993   |                        |  |  |
| 3 Deinginal Di     | ace of Business                                    | 2a. Mailing Address  | <del></del>             |   | 4. FEI Number  | Applied For            |  |  |
|                    | race of Business                                   | — ·  |                         |   | 65-0377816   | Not Applicable         |  |  |
| Suite, Apt.        | # ata  | Suite, Apt. #, etc.  |                         |   |  | \$8.75 Additional      |  |  |
|                    | #, ØIC.  | <del> </del>   |                         |   | 5. Certificate of Status Desired   | Fee Required           |  |  |
| City & State       |  | City & State   |                         |   | 6. Election Campaign Financing   | \$5.00 May Be          |  |  |
| 23                 | <b>G</b>   | 28   |                         |   | Trust Fund Contribution  | Added to Fees          |  |  |
| Zip                | Country  | Zip  | Countr                  |   | 8. This corporation owes the current year Intang   |                        |  |  |
| 24                 | 25   | 29   | 30                      | 7   |  |                        |  |  |
| 27                 | 9. Name and Address of Curren                      |  | 1221                    |   | 10. Name and Address of New Registered Ag  | ent                    |  |  |
|                    |  | <u> </u>   | 8                       | Name  |  |                        |  |  |
| GON                | GONZALEZ, IRVING J                                 |  |                         |   |  |                        |  |  |
| 4000               | 4000 HOLLYWOOD BLVD                                |  | 87                      | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                        |  |  |
| 710                | N TOWER  |  | 83                      | 3   |  |                        |  |  |
| HOL                | LYWOOD FL 33021                                    |  | L                       |   |  |                        |  |  |
|                    |  |  | 84                      | City  | FL   | 85 Zip Code            |  |  |
| 44 Diverse         | to the evenisions of Sections 607 050              | 12 and 607 1508 Florida Stat   | hutes the abov          | re-named Cr   | orporation submits this statement for the purpose of ch  | anging its registered  |  |  |
| office or r        | enistered agent, or both, in the State.            | of Florida. Such change was  | authorized by           | v the corpor  | ation's board of directors. I hereby accept the appoint  | nent as registered     |  |  |
| agent. I a         | m familiar with, and accept the obliga             | ations of, Section 607.0505, F   | lorida Statute          | S.  |  |                        |  |  |
| SIGNATURE          |  |  | TE. Desistered Ag       | et signatur rog                                       | uired when reinstating) DATE   |                        |  |  |
| 12.                | Signature, typed or printed name of registered age | ND DIRECTORS   | 13.                     | ant signature req                                     | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12        |  |  |
| TITLE              | P\$  | DELETE   | 1.1 TITLE               | T   |  | Change Addition        |  |  |
| NAME               | VILARINO, RAMON                                    |  | 1.2 NAME                | į   | ,  |                        |  |  |
| _                  | 100 SE MONTEREY RD                                 |  |                         | ET ADDRESS  |  |                        |  |  |
| STREET ADDRESS     | STUART FL 34994                                    | ,  |                         |   |  |                        |  |  |
| CITY-ST-ZIP        | VP   | ZIDELETE   | 1.4 CITY-<br>2.1 TITLE  | 51-219  |  | ☐ Change ☐ Addition    |  |  |
| TITLE              |  | Jan State of the S | 1                       | }   | _  | J 0                    |  |  |
| NAME               | RAMON A. VILARINO                                  |  | 2.2 NAME                |   |  |                        |  |  |
| STREET ADDRESS     | 721 HUNTER ST.                                     |  |                         | ET ADDRESS  |  |                        |  |  |
| CITY-ST-ZIP        | WEST PALM BEACH FL                                 | ☐ DELETE   | 2. 4 CITY-<br>3.1 TITLE | ST-ZIP  | DOCE IDENT   | Change Addition        |  |  |
| TITLE              |  |  |                         | 14  | JUDEINO FELISA   |                        |  |  |
| NAME               | !  |  | 3.2 NAME                |   | 151 HUNTER ST  |                        |  |  |
| STREET ADDRESS     |  |  |                         | ET ADDRESS  | PRESIDENT<br>VILARING, FELISA<br>121 HUNTER ST<br>WEST PAIN BEACH FL.<br>V.P.<br>JOSE VILARINO | 33405                  |  |  |
| CITY-ST-ZIP        |  | □ per ere  | 3.4. CITY-              | ST-ZIP  | 178  | Change Addition        |  |  |
| TITLE              |  | ☐ DELETE   | 4.1 TITLE               |   | TOSE VILACINO  |                        |  |  |
| NAME               |  |  | 4 2 NAME                |   | JUSC MENTALL   | ĺ                      |  |  |
| STREET ADDRESS     |  |  |                         | ET ADDRESS  |  | \                      |  |  |
| CITY-ST-ZIP        |  | [] =====   | 4.4 CITY-               | ST-ZIP  |  | Change Addition        |  |  |
| TITLE              |  | ☐ DELETE   | 5.1 TITLE               |   | ι  | ☐ Originale ☐ Woorking |  |  |
| NAME               |  |  | 5.2 NAME                |   |  |                        |  |  |
| STREET ADDRESS     |  |  |                         | ET ADDRESS  |  | ļ                      |  |  |
| CITY-ST-ZIP        |  |  | 5.4 CITY-               | ST-ZIP  |  | Oberes     Addition    |  |  |
| TITLE              |  | ☐ DELETE   | 6.1 TITLE               |   | L  | ☐ Change ☐ Addition    |  |  |
| NAME               |  |  | 6.2 NAME                |   |  |                        |  |  |
| STREET ADDRESS     |  |  |                         | ET ADDRESS  |  |                        |  |  |
| CITY, ST_ZIP · · · |  |  | 6.4 CITY-               | ST-ZIP  |  | }                      |  |  |

14. I hereby certify that the information supplied with the information indicated on this annual report or supplement 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 selever 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 a grant an address, with all other like empowered.

URE REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR