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Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000023894 (7)

1. Corporation Name  
LA PAZ RESTAURANTS, INC.

Principal Place of Business

850 GULF SHORE DR.  
DESTIN FL 32541  
US

Mailing Address

5730 GLENRIDGE DR.  
SUITE 302  
ATLANTA GA 30328  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

4. FEI Number

58-1358849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

30

9. Name and Address of Current Registered Agent

CADENHEAD, CHRIS  
420 E PINE ST  
CRESTVIEW FL 32536

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 ☐ DELETE

NAME S  
STREET ADDRESS MCQUEEN, ARTISHIA N  
CITY-ST-ZIP 1140 ARBORHILL LANE  
ALPHARETTA GA

TITLE ☐ DELETE

NAME P  
STREET ADDRESS NICHOLOFF, THOMAS D  
CITY-ST-ZIP 6488 CHERRY TREE LANE  
ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME MCQUEEN, ARTISHIA N.  
1.3 STREET ADDRESS 605 CHASE TRAIL  
1.4 CITY-ST-ZIP WOODSTOCK, GA 30189

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME NICHOLOFF, THOMAS W.  
2.3 STREET ADDRESS 1211 Clarinbridge Pkwy  
2.4 CITY-ST-ZIP Kennesaw, GA 30144

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

Artishia N. McQueen

1/12/98 770-795-0071

CR2E034 (10/97)