## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		AL REPORT	ORT Secretary of State DIVISION OF CORPORATIONS								
	OCUN Corporation	MENT # P93	00002	6571 (8	)		,				
ļ .	•	O'S RESTAURANT 3,	INC.								
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Principal Place of Business Mailing Address										.,	
555 WEST 49TH STREET HIALEAH FL 33012				555 WEST 49TH STREET HIALEAH FL 33012							
							·	3. Date incorporated or Qualified 04/09/1993	3a. Date of Las 07/14	/1995	
				Mailing Address				4. FEI Number 65-0436384	-	Applied For	
21	Suite, Apt. #, etc.			Suite, Apt #, etc.				0070430304	60	Not Applicable  75 Additional	
22	2			7				5. Certificate of Status Desired		e Required	
l	City & State			City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28			·			Trust Fund Contribution		ded to Fees	
-	Zip I				<u>├</u>	Country		8. This corporation has liability for		rs 199.032,	
24		25 9. Name and Address of C	e marketa esta esta de la constanta de la const	e describir en				Florida Statutes Yes No  10. Name and Address of New Registered Agent			
						31	Name				
	GARRIDO, B <del>LANGHA</del> Blanca						Ctroot Add	tress (P.O. Box Number is Not Acceptable)			
555 WEST 49TH ST						32	Street Add	ress (P.O. Box Number is Not Acceptable;			
HIALEAH FL 33012				83							
					8	34	City	<del></del>	85	Zip Code	
L.,									ᅡᇈᆝ		
1	<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607 ad agent, or both, in the State of	1.0502 and 607.1 f Florida. Such d	1508, Florida Statutes hange was authorized	s, the abovi d by the co	e-na orpor	amed corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing i ointment as registe	ts registered office red agent. I am	
	familiar with	n, and accept the obligations of	, Section 607.05	05, Florida Statutes.						-	
S	ignature	Signature, types or printed hallic of rejistere	d agod and the Lappi	i,alie (NOT)	- Begistered A	igient s	Signature requir	ed when resistang	DATE		
1:	2.	OFFICERS AN		DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
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N/	AME	GARRIDO, BLANCHA	Blanca	luca		1.2 NAME					
\$1	REET ADDRESS	555 WEST 49TH STRE	ET		1.3 STR	EE1 A	DDRESS				
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ı	IMF				6.2 8.58		1		_	-	

6 4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 is in larged, or on an attachment with an address

SIGNATURE:

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18.64 CITY-SI-ZIP

6.4 CITY-SI-ZIP

6.5 CITY-SI-ZIP

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6.5 CITY-SI-ZIP

6.5 CITY-SI-ZIP

6.6 CITY-SI-ZIP

6.7 CITY-SI-ZIP

6.3 STREET ADDRESS

SIGNATURE: SERVICE OQUILLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (12/95)