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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032047 (1)

EL PASS O CAFE, INC.

FILED Apr 15 1998 8:00am Secretary of State



				<u>-</u>		
Principal Place of Business Mailing Address					***************************************	
13331 GULF BLVD 13331 GULF BLVD				į		
MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 US				DO NOT WRITE IN THIS SPACE		
03		00		3. Date Incorporated or Qualified		
				05/03/1993		
——— /Y is a	lace of Business	2a. Mailing Address	Λ	4. FEI Number	Applied For	
21 //20	PINELLAS BAYWAY	26 1/20 PINEU	AS BAYWAY	59-3180789	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			·	5. Certificate of Status Desired	\$8.75 Additional	
22 # 1 4 27 # 1 1 4 City & State City & State					Fee Required	
23 TIERRA VEROG, FL 28 TIERRA VERD			ent th	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country *		Country	8. This corporation owes or has paid the c	·····/	
24 33	715 25 11SA	zip 29 33715 30	¬ // (/)	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Registered	d Agent	
BR	OIDA & NAPIER P.A.		81 Name			
605 - 75TH AVE. St. Petersburg FL 33706			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
				F		
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 Storature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	TROASUROR	☐ Change ☐ Addition	
NAME	STONE, DAVID L		1.2 NAME	RUTH ACOUNOUS		
STREET ADDRESS	13331 GULF BLVD		1.3 STREET ADDRESS	1120 PINETIAS BAYWAY	114	
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CITY - ST - ZIP	RUTH ACOUNDLY 1120 PINETIAS BAYWAYN THERMA, VERDE, PL 3.	3715	
TITLE	\$	☐ DELETE	2.1 TITLE	•	Change Addition	
NAME	CHAMBERS, BETH J		2.2 NAME			
STREET ADDRESS	13331 GULF BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	MADEIRA FL	Destre	2. 4 CITY-ST-ZIP		I diam. I later.	
TITLE	8	☐ DELET E	3.1 TITLE		L Change Addition	
NAME	STONE, JUDITH A		3.2 NAME			
STREET ADDRESS	13331 GULF BLVD MADERIA BEAHC FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	****	Change Addition	
NAME	RATH CONNOLLY 1130 PHOTELIAS	- Journal	4. 2 NAME			
STREET ADDRESS	1120 BATTLIAS	SAYWING #114	4.3 STREET ADDRESS			
CITY-ST-ZIP	FIERLA VORDE	EL 33115	4.4 CITY - ST - ZIP			
TITLE	7	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		ļ	
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
	certify that the information supplied with	this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the information	

Indicated on this annual report or cupplemental 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, of on an attachment with an address

4/11/90

012-867-1267