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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P93000086844

LA MARISCADA RESTAURANT, INC.

Principal Place of Business Mailing Address						:
6790 W FLAGL		6790 W FLAGLER ST	• -•			
MIAMI FL 3314	4-2946	MIAMI FL 33144-2946	MIAMI FL 33144-2946			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						12/20/1993
2. Principal P	face of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For
1		26				65-0457661 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬			5. Certificate of Status Desired Serviced Fee Required
2	<u> </u>	27				
City & Stat	e	City & State	¬ ´			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees
3	Country	Zip	Cou	intry		This corporation owes the current year Intangible
Zîp	25	29	30	ii ita y		Personal Property Tax.
4	9. Name and Address of Curre		190	Γ		10. Name and Address of New Registered Agent
				81	Name	Maren Cancin
GARCIA, MELBA				82	Street /	Address (P.O. Box Number is Not Acceptable)
) w flagler st				Suberr	Address (1.0. Box Hamber is Not Acceptable)
MIAI	MI FL 33144-2946					8320 N.W. 10 STREET #5
				84	City	85 Zip Code,
				1	•	Mitth: FL 33126
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, the a	bove	named o	corporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the Statement agent, or both, and accept the obli	te of Florida. Such change was g∉tions of, Section 607.0505, Fl	autnorized Iorida Stat	utes.	ne corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	luano				3/1/99
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:			egistered Agent signature require		required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	7.5	—Т	DPST Change Addition
TITLE	DPST	□ DECETE	1.1 TI			PI-1
NAME	GARCIA, MELBA		1.2 N		ADDRESS	GARCIA, MELBA 8320 N.W. 10 STREET #5
STREET ADDRESS			•			MINHI FL 33126
CITY-ST-ZIP	MIAMI FL 33144-2946	DELETE	1.4 C	TY-ST-	·ZIP	□ Change Addition
TITLE			22 N			DUNAND LUT MADINA
NAME					ADDRESS :	^^~ ~ 13
STREET ADDRESS				ITY-ST		PRHARIKE PINES FL. 33029
CITY-ST-ZIP TITLE		☐ DELETE	3.1 T			☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	ITY-ST	-ZIP	
TITLE		☐ DELETE	4.1 1	TLE	Î	☐ Change ☐ Addition
NAME			4,21	AME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			44C	ITY-ST-	-ZiP	
TITLE		☐ DELETE	5.1 T			Change Addition
NAME			5.2 N		Ì	
STREET ADDRESS					ADORESS	
CITY-ST-ZIP		☐ DELETE	5.4 C	ITY-ST	-ZIP	☐ Change ☐ Addition
						i i Change / L'Addition I

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Daytime Phone #

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90170 035 ***150.00