## 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 # P94000021893 (0)

LISA MARIE RESTAURANT, CORP.

Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						INITE GRIEB CINEL MARC CRAIN	1610E 1(1) 1001	
1147 W 68TH ST 1147 W 68TH ST HIALEAH FL 33014 US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/22/1994		
9 Principal P	Place of Business	2a, Mailing Ac	dress			4. FEI Number		Applied For
21 26						65-0475479	<del></del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22		27	27			5. Certificate of Status Desired	Fee F	Required
City & Stat	0	City & Star	City & State			Election Campaign Financing \$5.00 May Be		
23		28	<del></del>			Trust Fund Contribution	Addec	d to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year Intangible		
24				<u>)                                    </u>	Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent						10. Name and Address of New Hi	adiziesen wähilt	
MESA, ALFREDO					Name			
8992 NW 145 LANE				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
н н	ALEAH FL 33018			83			<del></del>	
				84	City		FL  85   Zip	o Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508. Fk	rida Statutes,	the above	-named corr	poration submits this statement for the	purpose of changing	its registered
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.								
1	tri iairimai with, and accep	of the obligations of, Section of	1.0000, 110110	a Dialutoe	••			
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable	(NOTE: R	eg stered Age	nt signature requi	red when reinstating)	DATE	
12.		ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	<del>-</del>	DELETE	1.1 TITLE				Addition
NAME	MESA, ALFREDO H			1.2 NAME				
STREET ADDRESS	8992 NW 145 LANE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33018		OCI CTE	1.4 CITY-S	T-ZIP		[ ] Chance	Addition
TITLE		L	DELETE	2.1 TITLE	1		L Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	1			
CITY-ST-ZIP			DELETÉ	2.4 CITY-5 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		H	DELETE	3.2 NAME		<u>.</u>		7,00///5//
NAME STREET ADDRESS				3.2 NAME 3.3 STREET	ADDRESS			
				3.4. CITY-S				
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	411		Change	☐ Addition
NAME		_		4. 2 NAME			_	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY+ST-ZIP				4 4 CITY-S				
TITLE			DELETE	51 TITLE		20000245	Change	Addition
NAME				5.2 NAME		20000245 -03/09/980101	13002	
STREET ADDRESS				5.3 STAEET	address	***150.00	, טוטוט	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Chande	Addition
NAME				6.2 NAME			つノし	0,
STREET ADDRESS				6.3 STREET	address		J'W	
CITY-ST-ZIP				6.4 CiTY-S	r · ZIP		TVI	_

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 control that the information indicated on this annual report or supplied enter an an 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 a state of the corporation of the corporation with an address.

2/2/98

(305) 558 1421