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

**KROFIT CORPORATION** ANNUÁL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400031925 1. Corporation Name

TACO MEX INC

Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90114 025 \*\*\*150.00

1,00 1	EX IIIO						
Principal Plac	e of Business	Mailing Address			\$ (85)1855 II.Q (84)1 A131, 93111 85()1 20111 54	):44 ((48) (48) <b>)</b> (\$(18)	11841 B10 1881
20505 S. DIXIE	: HWY	1602 COUNTRY CLUB P					
ROOM 1865 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE		
MIAMI FL 30189 US   US					3. Date Incorporated or Qualifed		
03					04/27/1994		
2. Principa P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	[lied For
21 26 -					~65-0488978·	No	t Applicable
Suite, Abt. #, etc. Suite, Apt. #, etc.			_ · <del> ·</del>	5 Certife ate of Status Desired S8.75 A		A Iditional	
27					5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust F und Contribution	Added t	c Fees
Zip	Courtry	Zip	Countr	у	8. This corporation owes the current year		
24	25	29	30		Persor al Property Tax.	Yes	- <u> </u>
<del> </del>	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
RODRIGUEZ, RAMON R 1602 COUNTRY CLUB PRADO				ivaine	_		
				Street Acd	ress (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		83	<del> </del> -			
001	THE CADLES I E 30134		0.5	<b>'</b>			
			84	City		85 Zip (	C xde
l office crr	registered agent, or bo h, in the State or am familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, f	s authorized by Florida Statute	the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appearance when reinstating.	conument as re-	g stered
	Signature, typed or printed name of registered agen		T E: Registered Age	ent signature requir	ed when reinstating) DATE  ADDITI()NS/CHANGES TO OFFICERS		ES INL12
TITLE	S	DELETE	1.1 TITLE		Abbitto/orikitaza to ortiozka	Change	Addition
NAME	RODRIGUEZ, RAMON R		1.2 NAME	1			<i>-</i>
	THE POLICE OF THE POLICE		ł	T ADDRESS			
STREET ADDRESS	CORAL GABLES FL		14 CITY-1		33134		
CITY-ST-ZIP	T	☐ DELETE	2.1 TITLE	-	5/21/24	☐ Change	Addition
NAME	GUZMAN, GUSTAVO		2.2 NAME				ļ
- STREET ADDRE 3S				T ADDRESS	•		·
CITY-ST-ZIP	VEGA BAJA PUERTO RICO 007	764	2.4 CITY-				
TITLE	P	☐ DELETE	3.1 TITLE	<del></del>		Change	Addition
NAME	RODRIGUEZ, IRELA E		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-	ST-ZIP			
TITLE	V	☐ DELETE	4 1 TITLE			☐ Change	☐ Addition
NAME	GUZMAN, LILIANA		4. 2 NAME				ĺ
STREET ADDRE 3S			4 3 STREE	T ADDRESS			
CITY-ST-ZIP	VEGA BAJA, PUERTO RICO 00		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	;		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		Change	☐ Addition
4143.05							
NAME			6 2 NAME	ET ADDRESS			

CITY-ST-ZIP 14. I hereb / 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 of suppliemental 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 of the receiver or trustee empowered to execute this report as recuired 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.

64 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR