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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035329 (9)

HERMANAS MEXICAN CAFE, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10795 U.S. HIGHWAY 1 10795 U.S. HIGHWAY 1 SEBASTIAN FL 32958 SEBASTIAN FL 32958 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3285730 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 26 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALDWELL, ELIZABETH 10795 U.S. HIGHWAY 1 82 Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE CALDWELL, ELIZABETH 1.2 NAME CR2E034 NAME 10795 U.S. HIGHWAY 1 STREET ADDRESS 1.3 STREET ADDRESS **SEBASTIAN FL 32958** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplier entitle 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 an attachment with an address.

SIGNATURE