

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000036812 (3)**

1. Corporation Name

BRAVO MEXICAN FOOD, INC.



Principal Place of Business

**1012-24 AVENUE 3E
ELLENTON FL 34222
US**

Mailing Address

**1012-24 AVENUE 3E
ELLENTON FL 34222
US**

2. Principal Place of Business

21 BRAVO MEXICAN FOOD, INC

22 1010-10th Street East

23 Palmetto

24 34221

25 USA

2a. Mailing Address

26 BRAVO MEXICAN FOOD, INC

27 1010-10th Street East

28 Palmetto

29 34221

30 USA

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0490167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**81 Name
MARTINEZ, ELIAZAR
82 Street Address (P.O. Box Number is Not Acceptable)
1010-10th Street East
83
84 City
Palmetto
85 Zip Code
FL 34221**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MARTINEZ, ELIAZAR
STREET ADDRESS 1012-24 AVENUE 3E
CITY-ST-ZIP ELLENTON FL

TITLE VSTD ☐ DELETE
NAME MARTINEZ, EILEEN
STREET ADDRESS 1012-24 AVENUE 3E
CITY-ST-ZIP ELLENTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☐ Addition
1.2 NAME MARTINEZ, ELIAZAR
1.3 STREET ADDRESS 1010-10th Street East
1.4 CITY-ST-ZIP Palmetto, FL 34221

2.1 TITLE V/S/T/D ☐ Change ☐ Addition
2.2 NAME MARTINEZ, EILEEN
2.3 STREET ADDRESS 1010-10th Street East
2.4 CITY-ST-ZIP Palmetto, FL 34221

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4-30-96 **941-722-9366**

CR2E034 (12/95)