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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000053338

1. Corporation Name
EL SABOR PINOLERO
D/B/A "LOS ANTOJITOS"

Principal Place of Business
4315 NW 7TH. ST. #28
MIAMI FL. 33126

Mailing Address
4315 NW 7TH ST. #28
MIAMI FL. 33126

3. Date Incorporated or Qualified: 7/19/1994
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21 4315 NW 7TH ST.
22 Suite, Apt. #, etc. #28
23 City & State MIAMI FL.
24 Zip 33126 25 Country USA

2a. Mailing Address
26 4315 NW 7TH ST.
27 Suite, Apt. #, etc. #28
28 City & State MIAMI FL
29 Zip 33126 30 Country USA

4. FEI Number 65-0517728 ☐ 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

9. Name and Address of Current Registered Agent

JARQUIN, GRACE
6630 SW 139 AVENUE
MIAMI FL. 33183

10. Name and Address of New Registered Agent

81 Name QUIRCH, MARIA A.
82 Street Address (P.O. Box Number is Not Acceptable) 6875 W. FLAGLER ST
83 #306
84 City MIAMI FL 85 Zip Code 33144

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: MARIA A. QUIRCH PRESIDENT × Maria Quirch 4/25/97
(If not an officer, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT.	JARQUIN, GRACE ☒ DELETE	1.1 TITLE PT	QUIRCH, MARIA A. ☒ Change ☐ Addition
NAME	6630 SW 139 AVE	1.2 NAME	6875 W. FLAGLER ST. #306
STREET ADDRESS	MIAMI FL 33183	1.3 STREET ADDRESS	MIAMI FL. 33144
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VS	LANZAS ELENA ☒ DELETE	2.1 TITLE VS.	CARDOZE BETTY ☒ Change ☐ Addition
NAME	6630 SW 139 AVENUE	2.2 NAME	6875 W. FLAGLER ST #306
STREET ADDRESS	MIAMI FL 33183	2.3 STREET ADDRESS	MIAMI FL 33144
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: × Maria Quirch PRESIDENT 4/25/97 (305)447-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA A. QUIRCH