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

POCUMENT #Corporation Name P95000030758 (3)

BLA	Anquito and More, Corp.	The state of					
Principal Place of Business Mailing Address						- I SECUREN UND SONDE BRAIN BESIN BESIN BESIN BESIN BESIN SENT SENT SOUND SIND SOND SOND SOUND S	
	W 49RD STREET L 3316S	11451 SW 43RD STREET MIAMI FL 33165				DO NOT WRITE IN THIS SPACE	
						3- Date Incorporated or Qualified 04/17/1995	
\vdash	pal Place of Business	2e. Mailing Address				4. FEI Number	Applied For
21		26				65-0575990	Not Applicab
22	Apt #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8	State	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p 29	30	ountry	/	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BLANCO, MIGUEL 11451 SW 43RD STREET MIAMI FL 33165				81			
				63			
				84	City	FL	85 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 reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition NAME BLANCO, MIGUEL 1.2 NAME STREET ADORESS 11451 SW 43RD STREET 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-ST-7IP 14 CITY-ST-ZIP TITLE DELETE 21 TITLE Addition Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 - ZIF 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE ☐ 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

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 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 attaching with an address.

4-13.98

(305) 2258443

FILED

Apr 17 1998 8:00am

Secretary of State