

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

PROMIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **095000036064**

1. Corporation Name

BAJA CANTINA DOS INC

Principal Place of Business

Mailing Address

**4190 No. Federal Highway
Lighthouse Point, FL.**

2. Principal Place of Business,

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

Nov. 95

4. FEI Number

650583924

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 **Tony ALFREDO Esquino**

82 Street Address (P.O. Box Number is Not Acceptable)

PBA executive complex

83 **2650 West State Rd. 84 suite 102**

84 **Ft. Lauderdale**

85 Zip Code
FL 33312

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 signing officer or director

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** ☒ DELETE
NAME **STEVEN BURKE**
STREET ADDRESS **2399 NO. FEDERAL Hwy**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **STEVEN BLACK** ☐ DELETE
NAME **STEVEN BLACK**
STREET ADDRESS **2399 NO. FEDERAL Hwy**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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. TITLE **DIRECTOR** ☐ Change ☒ Addition
2. NAME **STEVEN BLACK**
3. STREET ADDRESS **2399 NO. FEDERAL Hwy**
4. CITY-ST-ZIP **BOCA RATON, FL 33432**

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 **900001882779** ☐ Addition
5.2 NAME **-07/03/96--01021--025**
5.3 STREET ADDRESS *****200.00**
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 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, unchanged, or on an attachment with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96 984-587-8806

CR2E034 (12/95)