## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000037464 (1)

CEVICHE'S, INC.

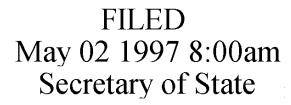
Principal Place of Business

913 GULF BREEZE PARKWAY SUITE 38

Mailing Address

913 GULF BREEZE PARKWAY

SUITE 38





GULF BREEZE PILLUSI	FL 32561 note that the p	3. Date Incorporated or Qualified							
2. Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number			Applied For
21		26				59-3318149			Not Applicable
State, Apt. #, etc. Suite, Apt. #, etc. 22			, elc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Gity & State	:	City & State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Ζφ <b>24</b>	Country 25	Zip Co. 30		Country		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes No			
	9. Name and Address of Curre		1221			10. Name and Address of New Re	gistered A	igent	
MEN	DEZ, ALVARO			81	Name			- <del></del>	
913 GULF BREEZE PARKWAY Suite 38					82 Street Address (P.O. Box Number is Not Acceptable)				
GUL	F BREEZE FL 32561			83					
				84	City		FL	85 Zip	p Code
office or re agent. Lar SIGNATURE	egistered agont, or both in the State familiar with, and accept the obli	te of Florida. Such chan gations of, Section 607.	ige was autho .0505, Florida	orized by Statutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acception with the patients of t	ot the appo	ointment a	as registered
12,		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
1:016	0	□ Di		11 TITLE				Change	
NAME	MENDEZ, ALVARO	_	1	1.2 NAME					
SIRFE LADORESS	1408 MALDONADO DRIVE	••		1.3 STREET	ADDRESS				
CHY-SI-ZiF	PENSACOLA BEACH FL 325			1.4 CITY - S	I - ZIP				
TITLE	D	DI DI	ELETE	2.1 TITLE	l		i	Change	Addition
NAM:	HALL, JO A			2.2 NAME					
\$19FE1 ADDRESS	23 CALLE HERMOSA			2.3 STREET	ADDRESS				
CITY - \$1 - ZIP	PENSACOLA BEACH FL 3256	81		2. 4 CITY-1	ST-ZIP				
Till.F		□ DI	ELETE	3.1 TITLE				Change	Addition
NAME			ĺ	3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
City St-7				34. C/TY+	1				
TOTAL STORY		□ D!		4 1 TITLE	****			☐ Change	Addition
ţ		<b>□</b> 2.		4 2 NAME					
NAME .					4000000				
\$TEEL CADDRESS				4.3 STREET					
Cdr-S' 761				4.4 CITY - 5	ST- ZIP			T''I o	F 1
TITLE		□ 0	ELETE	5.1 TITLE				Change	e L Add tion
NAM:				5.2 NAME					
STREEL ADDRESS				5.3 STREET	ADDRESS				
City - \$1 - 20P				5.4 CITY-5	ST-ZIP				
10.F		Di		6.1 TITLE				Change	e Addition
NAME	•	_ <del>_</del>	1	6 2 NAME				_	
1					4000ccc				
STREET ADDRESS				6.3 STREET					
CITY \$1-7-				64 CITY-5	31-ZIP			a nordification	

I do hereby certify that the information supplied with this filling 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 clirector 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 I charged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0490364