SECOND NO	OTICE: CORPORATION WILL BE D I OR BEFORE 8/7/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER AU VED, MINIMUM AMOUNT DUE TO	GUST 7, 1996. D REINSTATE: \$375.)	1	
PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS			ENT OF STATE ortham f State		
DOCUMENT # P95000048811 (0)					
ARMANDO'S FINE MEXICAN FOOD, INC.					
Principal Place of Business Mailing Address				1 100(100) 110 1010) Billi Ottil Ottil Ottil Ottil Ottil	001 (9)Q1 (610) 11081);0/180)
107 SW 17TH STREET SUITE J 107 SW 17TH STREET SUIT OKEECHOBEE FL 34974 CKEECHOBEE FL 34974			E J	Date Incorporated or Qualified	Date of Last Report
				06/19/1995	
2. Principal Place of Business 21 605 NE Park Street 26 P. O. Box			928.	4. FEI Number 65-05 85 143	Applied For Not Applicable
Suite, Apt #,	etc d suggest	Suite, Apt #, etc	Florida	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	hobee, 1. 34974	City & Stale	_ 10000	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip Zip 10 20	Country	8. This corporation has liability for intangib	
24 3497	9. Name and Address of Current	29 34973 3/ Registered Agent		Fiorida Statutes XI Yes 10. Name and Address of New Registered	
RODRIGUEZ, LUZ D. Rodriguez					
107 SW 17TH STREET, SUITE J OKEECHOBEE FL 34974				ess (P.O. Box Number is NotAcceptable)	
J.,_				NW 34 Ter.	■ 85 Zip Çode
			84 City Ok	eechobee F	L 34972
11. Pursuant to office or res	othe provisions of Sections 607.0502 gistered agent, or bolln, in the State (i tamiliar with, and accept the obliga	of Flor dai Such change was aut Strons of, Section 607.0505, Florid	norized by the corporation Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature by extemptiole a name of registers flage		Ricgi dered Agent signature requi	(ed when reinst x' rig) OATF	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	d Rodriguez, Luz d	DELETE	1.2 NAME		
STREET ADORESS	280 NW 34TH TERRACE		1 3 STREET ADDRESS		i
CITY-ST-ZIP TITLE	OKEECHOBEE FL 34972	DELETE	14 CITY - ST - ZIP 21 THTLE		Change Addition
NAME			2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2 4 City - ST - ZiP		
TITLE		DELETE	31 TITLE 32 NAME		Change Addition
NAME STREET ADDRESS			3 3 STREET ADDRESS		1
CITY-ST-ZIP		DELETE	3.4 CHY-ST-ZIP		Change Addition
TITLE NAME		DECIC	4 2 NAME		
STREET ADDRESS			4 3 STREET ADORESS		
CITY-ST-ZIP		DELETE	4.4 CHY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do heret further ce made und that my no	toy certify that the information supplied by certify that the information indicated or derivation, that I am an officer or direct ame appears in Biock 12 or Black 13	d with this filing is voluntarily fun in this a fine of report or supplement for of the corruptation or the rece ill managed for on an attachment	nished and does not qu	alify for the exemption stated in Section 119.07 and accurate and that my signature shatchave ed to execute this report as required by Chapte	(3)(k), Florida Statutes, I o the same legal effect as if or 617. Florida Statutes, and
SIGNAT	TIDE: AND	FRUIT ED NAME OF SIGNING OFFICER		July 30, 1996 46	