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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065837 (3)

EL APACHE MEXICAN REATAURANT, INC.

Principal Place of Business	Mailing Address	
922 BLANDING BLVD ORANGE PARK FL 32065	922 BLANDING BLVD ORANGE PARK FL 32065	

FILED Feb 06 1998 8:00am Secretary of State



922 BLANDING BLVD 922 BLANDING BLVD ORANGE PARK FL 32065 DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address			[
ORANGE PARK FL 2005 Suite Applied For Suite ORANGE PARK FL 2005 Suite Applied For Suite Applied F								
2. Principal Place of Business 2a. Mailing Address 4. PEI Number Applied For 0.0874/1995 2b. Minch Applied For 2b. Mailing Address 4. PEI Number Applied For 2b. Minch Applied For								
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	O DANGE 1741	1 1 2 32303	ORANGE PRINCIE	02000		DO NOT WRITE IN THIS S	SPACE	
22. Maling Address 23. Maling Address 24. FEI Number 25.33330670 Not Applicable Suits April #, etc. Suits April #, etc.						3. Date Incorporated or Qualified		
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City & State 23			Suite, Apt. #, etc	Suite, Apt. #, etc.		5 Certificate of Status Desired		
20 Country Zip Country Zip Country Zip Country Zip Country St. This comporation owes or has paid the current year Intangible Personal Property Tax class June 30. Yes No.	22					3. Destinate of States Desired	Fee Required	
Zip Country Zip Country	City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
25 39 Personal Property Tax due June 30. Ves No No No No No No No N	23					Trust Fund Contribution	Added to Fees	
Simer Address of New Registered Agent MATA, MARTA L 2773 STAGECOACH DR ORANGE PARK PL 32065 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Purs sent to the provisions of Sections 607.0502 and 607.1508, Proried Statuses the accovernanced corporation submits this statement for the purpose of changing its registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Proried Statuses the accovernanced corporation submits this statement for the purpose of changing its registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Proried Statuses SIGNATURE Comment and the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Proried Statuses SIGNATURE Comment and the appointment as registered agent agen		<u> </u>	Zip	Zip Country				
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MATA, MATAL 2 2773 STAGECOACH DR ORANGE PARK FL 32065 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		······································	ent Hegistered Agent		Dd Name	10. Name and Address of New Registered	Agent	
ORANGE PARK FL 32065 84 City FL 85 Zip Code 11. Purs uant 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 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, and mainlier with, and accept the obligations of, Section 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and mainlier with, and accept the obligations of, Section 607,0502 statutes. SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PARKE PARK FL 32065 14. OFFICERS AND DIRECTORS IN 12. 12. NAME MATA, JOSE 2773 STAGECOACH DR 13. STRET ADDRESS 14. GITY-ST-ZP ORANGE PARK FL 32065 14. GITY-ST-ZP OBLETE 11. TITLE ORANGE PARK FL 32065 14. GITY-ST-ZP OBLETE 21. TITLE ORANGE PARK FL 32065 14. GITY-ST-ZP OBLETE 31. TITLE ORANGE PARK FL 32065 14. GITY-ST-ZP OBLETE 31. TITLE ORANGE Change Addition Addition Addition Addition Addition Addition NAME STRET ADDRESS 44. GITY-ST-ZP TITLE OBLETE 41. TITLE OBLETE 52. NAME 53. STRET ADDRESS 44. GITY-ST-ZP TITLE OBLETE 54. TITLE OBLETE 55. NAME 55. STRET ADDRESS 67. ST-ZP TITLE OBLETE 61. TITLE OBLETE 63. TITLE OBLETE 64. GITY-ST-ZP TITLE OBLETE 65. TITLE OBLETE 65. TITLE OBLETE 66. TITLE OBLETE 66. STRET ADDRESS 67. ST-ZP TITLE OBLETE 67. ST-ZP TITLE OBLETE 67. ST-ZP	MA	ra, marta l			Name			
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, are familiar with, and accept the obligations of, Septen 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PARAME 12. HAMME SIRET ADDRESS CITY-ST-ZP DELETE 11. TITLE DELETE 12. HAMME 22. SIRRET ADDRESS CITY-ST-ZP DELETE 3. TITLE DELETE 3. T	277	3 STAGECOACH DR		İ	82 Street Address (P.O. Box Number is Not Acceptable)			
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		ertify that the information supplied	with this filling does not aua			in Section 119.07(3)(i), Florida Statutes. I further cer	rtify 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 ar 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.

E REQUIRED