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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000066783**1. Corporation Name

ESPANA TAPAS, INC.

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90221 033 \*\*\*150.00



Principal Place	of Business	Mailing Address			- 11890110111011	9191 91131 <b>98</b> 311 <b>99</b> 111 1	APRIS A RIOR ASSILA ASSI	(889) (8196 )(1) (89)
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309 VIA DE PAL BOCA RATON F		BOCA RATON FL 33432			· ·			
US		US			1	DO NOT WRITE	IN THIS SPACE	
	v	•			<ol><li>Date Incorporate</li></ol>	d or Qualifed		
					08/29/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-061 <u>19</u> 94			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Stat	us Dosired		75 Additional
22		27			5. Certificate of State	ds Desiled	Fe	e Required
City & State	9	City & State			6. Election Campaig	gn Financing	\$5.	00 May Be
23		28			Trust Fund Contr	ibution	Adı	ded to Fees
Zip	Country	Zip	Cour	iry	8. This corporation	owes the curren		_
24	25	29	30		Personal Propert			□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Addr	ess of New Reg	gistered Agent	
			ľ	11 Name				
	PORATION SERVICE COMPANY		ŀ	2 Street Addr	ress (P.O. Box Number i	s Not Acceptable	e)	
	HAYS STREET			Sirect Addi	COO (1 : C: DOX 110 MCCI 1	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
TALL	AHASSEE FL 32301-2525		ľ	13				
							10-1	Zip Code
				34 City			FL 85	Zip Code
44 Purguant I	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes, the ab	ove-named corp	oration submits this stat	ement for the pu	rpose of changin	g its registered
office or ri	egistered agent, or both, in the State :	of Florida. Such change was a	authorized	ov the condoration	on's board of directors. I	hereby accept t	the appointment	as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Fit	onga Siaiu	es.			,	
SIGNATURE								f
SIGNATURE	Claration hand a select name of managed open	st and title if applicable (NOTE	- Registered	nent signature require	d when reinstating)	<del></del> ,	DATE	
	Signature, typed or printed name of registered agen OFFICERS AN			gent signature require		NGES TO OFFIC		CTORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE D DIRECTORS DELETE	13.		d when reinstating) ADDITIONS/CHAI	NGES TO OFFIC		
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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 an an attachment with an address, with all other like empowered.

SIGNATURE:

GUADALUPE HUERTA