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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073616 (1)

BURRITOS FRESH MEXICAN FOOD, INC.

Principal Place of Business Mailing Address

FILED May 06 1998 8:00am Secretary of State



2700 STICKNEY POINT ROAD SARASOTA FL 34231		2700 STICKNEY POINT ROAD SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						09/21/1995			
2. Principal Pi				4. FEI Number		Applied For			
21		26				65-0624403		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		Additional Required	
City & State		Crty & State	 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip 24	Country 25	Ζιρ 29	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent		
SHEA, JOHN					81 Name				
294	O SOUTH TAMIAMI TRAIL RASOTA FL 34239		`	6 2	Street Add	dress (P.O. Box Number is Not Acceptable)			
- OAR	ENAIL I P ALEGA		,	83					
			-	84	City	FL	85 Zi	p Code	
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	ORS IN 12	
TITLE	D	DELETE	1.1 117	ιŧ			Chang		
NAME	KAMINSKI, MYRNA			1.2 NAMÉ					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	A4544054 51 44544			1.4 CITY - ST - ZIP					
TITLE	DELETE			2.1 TITLE			Chang	e Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP				2.4 CITY+ST-ZIP					
TITLE	DELETE			31 TITLE			Chang	e 🔲 Addition	
NAME			3 2 NA	ME					
STREET ADDRESS			3.3 ST	IEET /	ADDRESS			1	
CITY-ST-ZIP			3 4. CI		T-ZIP		1 0		
TITLE		☐ DELETE	4.1 TIT			L	Chang	e L Addition	
KAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TIT		- ZiP		Chang	e Addition	
TITLE		U DECER				_	_ unung	o Accombon	
NAME			5.2 NA		*DODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		- 211		Chang	e Addition	
NAME		_ vicele	6.2 NA			_			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	- Alf. that the information aurolical	with this files does not quali	6.4 CIT			in Section 119.07(3)(i) Florida Statutes, I further certi	fu that I	be information	

I necessy 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 informatio 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 on an attachment with an address.

11- 20-98