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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074207 (8)

EL TROPICO RESTAURANT 7902 INC.

Principal Place of Business Mailing Address					-{	-Bist Obsity (Bedsa Birria Italia Adeti Hari 1901)
7902 NW 36 STREET 7902 NW 36 STREET						
SUITE D-6 SUITE D-6 MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166 MIAMI FL 33166					3. Date Incorporated or Qualified	
					09/26/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0614316	Not Applicable
Suite, Apt. #, etc. Suite, Apt 22 27			. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Z _I p	Country		Trust Fund Contribution	
24	25 29 30		<u>⊢</u> –, '	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	9. Name and Address of Curr				10. Name and Address of New Ro	
so	TOLONGO, CRISTOBAL		81	Name	MATIANO MOZ	OJR
	B7 NW 36TH STREET		82	Street Addre	ass (P.O. Box Number is Not Accepta	ble)
MI/	AMI FL 33166		-		7387 NW 3	6Th STOEBT
			83			
			84	City	· ·	FL 85 Zip Code 3316C
11. Purement	to the provisions of Sections 607.0	502 and 607 1508 Florida State	utes the above	a-pamed corp	AMI oration submits this statement for the	
office or re	egistered agent, or both, in the Sta	le of Florida. Such change was	authorized by	the corporati	on's board of directors. I hereby acce	ept the appointment as registered
	in lamiliar with and accept the ob-	igaliums (J. Sacilon 607.0905, F	Tiorida Statutes	S.		4/27/98
SIGNATURE	Signature, typers or printed name of registered a	agent and title it applicable (NC	OTE: Registered Age	ont signature require	ed when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		•	L. Change Addition
NAME	PAGAN, MARISOL D		1.2 NAME			
STREET ADDRESS	7902 NW 36TH STREET D-	Ď	1.3 STREET	ADORESS		
CITY-ST-ZIP	MIAMI FL 33166	DELETE	1.4 CITY-S 2.1 TITLE	T- ZIP		Change Addition
TITLE NAME		ניין מכננונ	2.1 HILE 2.2 NAME			El Clarige El Addition
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-5	ı		
TITLE		DELETE	3.1 TITLE	21 4"		Change Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		
TITLE		☐ DELETE	4.1 THILE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T DECETE	4.4 CITY-S	T · ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME OTREET ADDRESS			5.2 NAME	ADODECO		
STREET ADDRESS			5.3 STREET 5.4 City - S			
CITY+ST-ZIP TITLE		DELETE	6.1 TITLE	1-211		Change Addition
NAME		break	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
14. I hereby o	ertify that the information supplied	with this filing does not qualify	for the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that the information
officer or of Block 12 (on this aminal report or supplement director of the corporation of the re or Block 13 if changed or on an at	ical ambual report is true and ac icaliver or trustee empowered to laching it with an address.	execute this	at my signaturi report as requ	e shall have the same legal effect as i ired by Chapter 607, Ftorida Statutes;	i made under oarn; that I am an ; and that my name appears in