

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90139 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000083151

1. Corporation Name

LATIN QUARTER RESTAURANTS, INC.

Principal Place of Business

2740 SW 27 AVE.  
MIAMI FL 33145

Mailing Address

2740 SW 27 AVE.  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

65-0641987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 SAME AS ABOVE.

2a. Mailing Address

26 2940 Coral Way

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

28 Miami FL

Zip

Country

Zip

Country

24

25

29

33145

30

DADE

9. Name and Address of Current Registered Agent

DELVALLE, M C  
801 BRICKELL AVE.  
SUITE 1901  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

PAUL GALINDO

82 Street Address (P.O. Box Number is Not Acceptable)

83

9441 SW 103 E ST

84 City

MIAMI FL

FL

85

Zip Code

33171

11. 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 607.1505, Florida Statutes.

SIGNATURE *Paul Galindo*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME GALINDO, RAUL  
STREET ADDRESS 2940 CORAL WAY  
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

TITLE ☒ DELETE  
NAME DELVALLE, M C  
STREET ADDRESS 801 BRICKELL AVE SUITE 1901  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 change is made on an attachment with an address with all other like empowered.

SIGNATURE: *Paul Galindo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99 (305) 445-93-39

CR2E034 (11/98)