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

APPROVED AND FILED

98 JUL -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083236

1. Corporation Name
XOLOTLAN MINI MARKET CAFETERIA AND TORTILLERIA CORP.

Principal Place of Business
6905 W. 12 AVE. Nº10
HIALEAH, FL. 33014

Mailing Address

REINSTATEMENT 97-98
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/01/95

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number
65-0616619
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYGIA ESTRADA
6905 W. 12 AVE. Nº10
HIALEAH, FL. 33014

10. Name and Address of New Registered Agent

81 Name: LYGIA ESTRADA
82 Street Address (P.O. Box Number is Not Acceptable): 6905 W. 12 AVE. Nº 10
83
84 City: HIALEAH FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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.

X SIGNATURE: Braulio Castro 04/27/98
Signature of the president or vice president of corporation and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYGIA ESTRADA		1.2 NAME		
STREET ADDRESS	6765 MIAMI LAKES DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL. 33014		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRAULIO CASTRO		2.2 NAME		
STREET ADDRESS	6975 W. 36 TH AVE. #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL. 33018		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****900.00 ****900.00

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 on an attachment with an address.

SIGNATURE: X [signature] 04/27/98 (305) 822-6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)