

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

FILED
Apr 08 1998 8:00am
Secretary of State

DOCUMENT # P95000091975 (9)

1. Corporation Name

NINFA'S MEXICAN EXPRESS OF WEST OAKS MALL, INC.



Principal Place of Business

Mailing Address

C/O DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH FL 33401

C/O DOMENICK R. LIOCE
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

52-1957302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Ninfa's Express
Suite, Apt. #, etc.

26 Ninfa's Express
Suite, Apt. #, etc.

22 2951 Marina Bay Dr Ste 130-343
City & State

27 2951 Marina Bay Dr Ste 130-343
City & State

23 League City
Zip

28 League City TEXAS
Zip

24 77573

Country

29 77573

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCOTTO, NICK
STREET ADDRESS 1120 NASA RD ONE, STE 110
CITY-ST-ZIP HOUSTON TX

TITLE ☐ DELETE

NAME SCOTTO, DOMENIC
STREET ADDRESS 43 SCARLET DR
CITY-ST-ZIP PARLIN NJ

TITLE ☐ DELETE

NAME SCOTTO, BENINO
STREET ADDRESS 7845 BLUE GRAY CT
CITY-ST-ZIP MANASSAS VA

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 changed, or on an attachment with an address

SIGNATURE:

Nick Scotto / Pres. 3/19/98 (281) 335-7241

CR2E034 (10/97)