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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000010688 (5)

1. Corporation Name
MEXICO BOB'S, INC.



Principal Place of Business Mailing Address
C/O ROBERT LEE SHAPIRO-ESQ.
1045 PALM BEACH LAKES BLVD., STE. 000
WEST PALM BEACH FL 33401
C/O ROBERT LEE SHAPIRO-ESQ.
1045 PALM BEACH LAKES BLVD., STE. 000
WEST PALM BEACH FL 33401-2216

3. Date Incorporated or Qualified 02/02/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2771 E ATLANTIC BLVD 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 POMPANO BEACH, FL 28
Zip Country Zip Country
24 33062 25 FLORIDA 29 30

4. FEI Number 65-0637343
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SHAPIRO, ROBERT L
1045 PALM BEACH LAKES BLVD.
SUITE 000
WEST PALM BEACH FL 33401
10. Name and Address of New Registered Agent
81 Name THOMAS JOHN MILLER
82 Street Address (P.O. Box Number is Not Acceptable)
2771 E ATLANTIC BLVD
83
84 City POMPANO BEACH FL 85 Zip Code 33062

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 THOMAS JOHN MILLER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/97

12. OFFICERS AND DIRECTORS
TITLE D SHAPIRO, ROBERT L
NAME SHAPIRO, ROBERT L
STREET ADDRESS 1045 PALM BEACH LAKES BLVD, STE. 000
CITY-ST-ZIP WEST PALM BEACH FL 33401
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT
1.2 NAME THOMAS JOHN MILLER
1.3 STREET ADDRESS 2771 E ATLANTIC BLVD
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 THOMAS JOHN MILLER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/97

CR2E034 (9/96)