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 15 1998 8:00am Secretary of State

DOCUMENT # P96000016837 (2) 1. Corporation Namo PORTILLO TRADING CORP.								
Principal Place		Mailing Address	·				**** *****	11417 1 541 14 51
9440 NW 11TH STREET FORT LAUDERDALE FL 33322		9440 NW 11TH STREET FORT LAUDERDALF FL	9440 NW 11TH STREET FORT LAUDERDALE FL 33322					
		TOTAL GROUPING TE	Tom Brogering to Work			DO NOT WRITE IN THIS SE	ACE	_
						3. Date Incorporated or Qualified		
2 Principal Pl	lace of Business	2a. Mailing Address				02/22/1996 4. FEI Number	-3	
21	1000 01 000111000	— →	26			65-0649845		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	+					Additional
22	·····	27	<u> </u>			5. Certificate of Status Desired		Required
City & State		City & State	├ ¬ '			6. Election Campaign Financing		May Be
23 Zip	Country	28	T Cov	intru	· · · ·	Trust Fund Contribution		to Fees
24	25	29	 , '			8. This corporation owes or has paid the curre Personal Property Tax due June 30.		ntangible No
	9. Name and Address of Curre		[20]			10. Name and Address of New Registered A		<u></u>
CAF	RVALLO, PABLO		•	81 1	Name			
944	O NW 11TH ST.			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT.								
				83				
				84 (City		85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida S tatu	iton the al	20/0-7	amod care	FL oration submits this statement for the purpose of c	honoina	ita segistered
Office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorize	d by th	e corporati	on's board of directors. I hereby accept the appoint	ntment a	s registered
SIGNATURE	in tentinal with, and accept the oblig	gations of Section 607.0303, F	ionda Siai	utes.				
	Signature, typed or printed name of registered ag		TE. Registere	J Agent s	ignature require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		·····	ADDITIONS/CHANGES TO OFFICERS AND I	_	
TITLE NAME	CARVALLO, PABLO			1.1 TITLE		L	_ Change	☐ Addition
STREET ADDRESS	BAAR ANN CITIL OT			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	ET LAUDEDDALE EL			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 10		"		Change	☐ Addition
NAME		2.23		ME				
STREET ADDRESS			2.3 ST	REET ADO	DRESS			
CITY-ST-ZIP		T DELETE	_	ITY - ST - 2	ZIP	G. L. S.		
TITLE		☐ DELETE	3.1 TI			L	_ Change	Addition
STREET ADDRESS			3.2 NA	ame Reet adi	necce			
CITY-ST-ZIP				11Y-ST-7				
TITLE		☐ DELFT E	4.1 TH		31		Change	☐ Addition
NAME			4. 2 N	AME		_		_
STREET ADDRESS			4.3 ST	reet ado	DRESS			1
CITY-ST-ZIP			4.4 CI	IY-ST-ZI	IP.			
TITLE		☐ DELET é	5.1 1(1				Change	Addition
NAME			5.2 NA					j
STREET ADDRESS				REET ADO				
CITY-ST-ZIP TITLE		DELETE	5.4 CF 6.1 TH	Y-\$T-ZI LE	ir		Change	Addition
NAME			6.2 NA			<u> </u>		
STREET ADDRESS			1	reet add	ORESS			
CITY-ST-ZIP)		Y-ST-ZI				
14. I hereby ce	erlify that the information supplied y	ith this filing does not qualify t	for the exe	mption	stated in S	Section 119.07(3)(i), Florida Statutes. I further certi-	y that the	e information

4. 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 supplymental unual oper 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 high certified 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 one in practiment with an address

CICLIATURE

Polla Convolla Wholae (9547/1046