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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 27 1997 8:00am

Secretary of State

04-30-97 (305) 541-378

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000021414 (3)

CHIQUILLADAS, INC.

Principal Place of Business

appears in Block 12

SIGNATURE:

1313 NW 167TH STREET STE 218 9966 NW 115TH STREET HIALEAH GARDENS FL 33018-1832 MIAMI FL 33169 3. Date Incorporated or Qualified 3s. Date of Last Report 03/05/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0648400 Not Applicable 26 7796 NW 64 Street Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Miami, Florida Country Country This corporation has liability for intangible tax under s. 199.032, 25 U.S.A. 29
9. Name and Address of Current Registered Agent Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent 81 Name OSORIO, SANDRA I Diego Ospina
Street Address (P.O. Box Number is Not Acceptable) 8866 NW 115TH STREET HIALEAH GARDENS FL 33018 8866 NW 115 Street Zip Code 64 Hialeah Gardens 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. nieq SIGNATURE rad agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 (96/6)12 OFFICERS AND DIRECTORS ☐ DELETE **K** KChange Addition 1.1 TITLE Pres. 1.2 NAME NAME Diego Ospina STELL LADORESS 1.3 STREET ADDRESS 8866 NW 115 Street 1.4 CITY - ST - ZIP Hialeah Gardens. FI CITY-S1-ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP City - St - ZiF Addition DELETE Change 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y - \$1 - 21P 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TIGE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 0/1Y-51-2 P 4.4 CITY-ST-ZIP Change DELETE Addition TABLE 5.1 TITLE MALE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP 011Y+\$1-20P DELETE Channe Addition 61 TITLE THE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADORESS

14. I do hereby certify that the information supplied with this filling 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

13 if changed, or on an attachment with an address.