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

DOCUMENT # P96000040813 (3)

EL TAMARINDO CAFETERIA, INC.

FILED Apr 28 1998 8:00am Secretary of State



					
Principal Place of Business Mailing Address				I ÁIÐJA BAIÐI ARAÐA HAÐAÐ DING 1881	
9621 NW 27TH AVE. 9621 NW 27TH AVE.			ļ		
MIAMI FL 33147 MIAMI FL 33147			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	HIS SPACE
				05/13/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26				65-0675955	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
27 City & State City & State					Fee Required
28 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Countr	y	8. This corporation owes or has paid the	
24 25	29	30		Personal Property Tax due June 30.	Yes X No
Name and Address of Current Registered Agent				10. Name and Address of New Register	red Agent
GUZMAN, BERTILIA 9621 NW 27TH AVE. MIAMI FL 33147		81	Name		İ
		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
		83	:		
		٦			
		84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the abov	e-named corp	poration submits this statement for the purpos	se of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was	authorized b	y the corporati	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
Signature typod or printed name of registered agent and title it applicable (NOTE: Registered a			ent signature require		
TITLE D	OFFICERS AND DIRECTORS 13.		T	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME GUZMAN, BERTILIA	☐ OLLEIE	1.1 TITLE 1.2 NAME			Citatige C Modition
	4000E ANV OD OT OID		T ADDRESS		
CITY-ST-ZIP MIAMI FL 33015		1.4 CITY-	- 1		·
TITLE	DELETE	2.1 TITLE	01-211		Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	2. 4 City-	ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE			Change Addition
NAME		3 2 NAME			ļ
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition
NAME	- ottet	4 2 NAME			
STREET ADDRESS .			T ADDRESS		į
CITY-\$T-ZIP		4.4 CITY -	j		
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREE	ADDRESS		
CITY-ST-ZIP	·	5.4 CITY-	ST - ZIP		
TITLE	DELETE	6.1 TITLE	}		☐ Change ☐ Addition
NAME		6.2 NAME	1		
STREET ADDRESS			1		l l
CITY-ST-ZIP		6.3 STREE 6.4 City - :	r Address		

Indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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.