

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000052579 (5)

1. Corporation Name
EL BOHIO RESTAURANT, INC.



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 4651 BABCOCK STREET UNIT #14 PALM BAY FL 32905 | Mailing Address 4651 BABCOCK STREET UNIT #14 PALM BAY FL 32905 |
|---|---|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/20/1996 | 4. FEI Number 59-3387438 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|---------------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

9. Name and Address of Current Registered Agent

WALDRON, TOM D ESO
121 EAST HIBISCUS BOULEVARD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

| | | | | |
|-----------------------|----------------------------|--------------------|---------------------------|--|
| TITLE | VD | NAME | FERNANDEZ, JORGE | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 1465 CYPRESS AVENUE | CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | SD | NAME | RUSSELL, KEVIN | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 1465 CYPRESS AVENUE | CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | PD | NAME | AGUILAR, GABRIEL | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 2559 FULTON COURT | CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | TD | NAME | AGUILAR, DAMARIS | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 2559 FULTON COURT | CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | | NAME | | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | CITY-ST-ZIP | | |
| TITLE | | NAME | | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|---------------------------|-----------------------|---------------------------|------------------------|--|
| 1.1 TITLE | TD | NAME | Gabriel Aguilar | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | 2559 FULTON CT | 1.3 STREET ADDRESS | Melb FL 32935 | |
| 1.4 CITY-ST-ZIP | | 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 2.2 NAME | Damaris Aguilar | |
| | | 2.3 STREET ADDRESS | 2559 FULTON CT | |
| | | 2.4 CITY-ST-ZIP | Melb FL 32935 | |
| 3.1 TITLE | | 3.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | 4.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | 5.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | 6.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 *Damaris Aguilar* **3/11/98** 407 676 6500

CR2E034 (10/97)