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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600055894 (5)

EL TACO RICO, INC.

Principal Place of Business Mailing Address					a sangrant tem sasim ditti antit matte nasit na	A MBINI NCINI NCINI KALIN ININI NINI INDI
		7130 KIMBERLY BLVD NO LAUDERDALE FL 33068-23				
					3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number 65 -0686773	Applied For
Suite Apt.	# etc	Suite, Apt. #, etc.			65-6661.75	Not Applicable \$8.75 Additional
22		27]			5. Certificate of Status Desired	Fee Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _i p	Country	Zip	Country	/	8. This corporation has liability for it	
24	25 29 30		30	Florida Statutes Yes 🔼 No		
	g. Name and Address of Curre	ent Registered Agent		1	10. Name and Address of New Re	gistered Agent
VEG	a, Luisa a		81	Name		
4699 NO FEDERAL HIGHWAY			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)
PON	APANO BEACH FL 33064		83		<u> </u>	
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	e-named corp	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered
agent. La	m familiar http and accept the obli	gations of Section 607.0505, FI	orida Statute	S.	to to board of directors. Thereby accep	n the appointment as registered
SIGNATURE	\mathcal{H}					-7-97
	Signature typed as portains ran enting seried a			ent signature requir	red when re-instating)	DATE
12.	PD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	GOMEZ, DOUGLAS A	La otterie	1.2 NAME			Change Addition
	2500 NW 89TH DRIVE			r +DD0000		
STREET ADDRESS	CORAL SPRINGS FL 33065			F ADDRESS		
CITY-ST-ZIP TITLE	VTD	DELETE	1.4 CHTY -: 2.1 THILE	51-217		Change Addition
NAME	100		2 2 NAME			
STREET ADDRESS	ANAL SINS AND AND AND AND			r address		
CITY-ST-ZIP CORAL SPRINGS FL 33065			2 4 CiTy			
TITLE		DELETE	31 TITLE			Change Addition
NAME		•	3.2 NAME			
SYREET ADDRESS			3.3 STREE	r address		
CITY - S1 - ZIP	(Alicentes		3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	41 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREE	F ADDRESS		
CITY - ST - ZIP			4.4 CITY -	ST - ZIP		
TITLE	4	DELETE	5 1 TITLE			Change Addition
NAM5			52 NAME	1		
STREET ADORESS				T ADDRESS	•	
CITY - ST - ZIP		Driver	5.4 CITY -	ST-ZIP		Chartes
TITLE		LLI DELETE	6 1 TITLE			☐ Change ☐ Addition
NAVE			62 NAME	1		
STREET ADDRESS				TADDRESS		
C-TY - ST - ZIP			6.4 CITY-	ST- 7IP		,

14. I do hereby certify that the information supplied with this fring 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 dicharged or or an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 (954) 724-4746

FILED

Jan 14 1997 8:00am

Secretary of State