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

**PROFIT** CORPORATION Annual report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000057475 (1)

EL RANCHITO MEXICAN STORE, INC.

Principal Place of Business Mailing Address 3336 LAKE WORTH ROAD 3336 LAKE WORTH ROAD LAKE WORTH FL 33461-3647 LAKE WORTH FL 33461-3647 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Zip Country Ζip Country This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GARCIA. RAFAEL 3336 LAKE WORTH ROAD 82 LAKE WORTH FL 33461-3647 83 84 Zip Cody 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered WORTH 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. PReS. (NOTE. Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GARCIA, RAFAEL NAME 12 NAME 3336 LAKE WORTH ROAD STREET ADDRESS 1.3 STREFT ADDRESS LAKE WORTH FL 33461-3647 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE GARCIA, BERTA NAME 2.2 NAME 3336 LAKE WORTH ROAD STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33461-3647 CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City - St - 2IP DELETE ☐ Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - \$1 - 7(P) 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE: BOYTHO GOOD NAME OF SIGNING OFFICER OR DIRECTOR

14. I do 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. 04-10-97 (561) 487 3894

**FILED** 

Jan 21 1997 8:00am

Secretary of State