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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000074414

Country

25

BONILLA, FRANSISCO

.7868, NW-52-ST.

1. Corporation Name

City & State

Zip

24

FRITANGA LA COSTENA INC

rincipal Place of Business	Mailing Address		
/868 NW 52 ST MAMI FL 33166	7868 NW 52 ST MIAMI FL 33166		
	2a. Mailing Address		
2. Principal Place of Business	za. Mailing Address		
2. Principal Place of Business	26 26		

9. Name and Address of Current Registered Agent

City & State

28

29

Zip

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90143 045 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intaggible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

09/04/1996 4. FEI Number

65-0693114

MIAI	WI FL 33100		83		•				
•	,		84	City	F	L	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME !	BONILLA, FRANSISCO		1.2 NAME		•				
STREET ADDRESS	8916 NW 114 ST	•	1.3 STREE	TADORESS					
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		1.4 CITY-S	T-ZIP					
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change	Addition		
NAME	BONILLA, LUISA E		2.2 NAME						
STREET ADDRESS	8916 NW 114 ST .		2.3 STREE	T ADDRESS					
CITY+ST-ZIP	HIALEAH GARDENS FL 33016		2. 4 CITY-5	ST-ZIP					
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TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
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CITY-ST-ZIP			4.4 CTTY-S	T-Z3P	- Mary				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME .			5.2 NAME						
STREET ADDRESS	,			TADORESS					
CITY-ST-ZIP	*		5.4 CITY-S	T-ZIP	A report of		T A defice		
TITLE	5 . W. LONG # 228	☐ DELETE	6.1 TITLE	1		☐ Change	Addition		
NAME	K. C. W. HERRY T. T.C.		6.2 NAME						
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP			6.4 CITY-S		0	andifications (Last	information		
14. I hereby o	certify that the information supplied with this filing of	does not qualify for	tne exempt	ion stated in	Section 119.07(3)(I), Florida Statutes, Hunther (æniry that the i	momation		

Country

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indicated on this annual report or supplies that has alling does not quality for the exemption stated in Section 119.07 (5/1), Florida Statutes. Further certify that the information indicated on this 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, with all other like empowered.