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PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

362-9139

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089573 (5)

EL REY DE LOS MARISCOS DE HIALEAH, CORP.

			<u> </u>	<u>.</u>		. <u></u> _			
Principal Place of Business Mailing Address									BDE (1)15 (SE)
1320 W. 5 CT. 1320 W. 5 CT.							į.		
HIALEAH FL 33012 HIALEAH FL			LEAH FL 33012	FL, 33012			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							10/29/1996		l
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number	A	oplied For
21		26					65-0704790	N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					3. Contribute of Charles Boomed	Fee R	equired
City & State	e		City & State				6. Election Campaign Financing		Мау Ве
23	 	28	<u>. </u>	,			Trust Fund Contribution		to Fees
Zip	Country Zip		<u> </u>	Country		8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Curr	29	ward Agama]30			Personal Property Tax due June 30. 10. Name and Address of New Registered		_ No
		ent negiste	red Agent		81	Name	10. Name and Address of New Registered	Agent	
	NEZ, CRISTINA			1	٠.	1401110			
	20 W. 5 CT.					Street Addre	ess (P.O. Box Number is Not Acceptable)		
HIA	ALEAH FL 33012						 		
				l	83				1
•				Ţ	84	City	F	85 Zip	Code
11 Pureuant	to the provisions of Sections 607.0	502 and 607	7 1502 Florida Chatut	on the ar	0.42	named corpo		of changing i	te registered
office or r	egistered agent, or both, in the Sta	ate of Florida	L Such change was	authorized	i by i	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	registered
agent, 1 a	m familiar with, and accept the obl	ligations of, s	Section 607.0505, Fi	orida Statı	ites.				•
SIGNATURE	Signature, typed or printed name of registered	t o - d tillo if -	nauffachla : /hIO7	E Paulatama	A	t signature required	d when reinstating) DATE		
12,				C: Hegistered	Agen	signature radured			
		ND DIRECT	OBS	13			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
		ND DIRECT	ORS DELETE	13.	LE		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	RS IN 12
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6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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.

REQUIRED