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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700007376

1. Corporation Name

LOBO JACK PERUVIAN FOOD INC.

		<u> </u>							
Principal Place of Business Mailing Address							•••••••••••••••••••••••••••••••••••••••	••••	
8424 MILLS DR 8424 MILLS DR									
MIAMI FL 33183	J	MIAMI FL 33183	l l			DO NOT WRITE IN THIS SPACE			
us <u>us</u>						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						01/21/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	Apı	plied For
21		26				65-0720662		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$	-	Additional
27						5. Certificate of Status Desired		Fee Re	quired
City & Stat	е	City & State	City & State			6. Election Campaign Financing		\$5.00	
23	·	28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current ye			
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Regist	ered Age	<u>nt</u>	
CALE	DANA MADOO N		l'	81	Name	•			
SALDANA, MARCO N 8410 WEST FLAGLER STREET, SUTIE 208				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33144				83					
THE STREET	11 1 2 33 144			83					
			ļ	84	City	****	FL 8	5 Zip C	Code
A Description of Continue COZ 0500 and 607 4500. Clavide Statutes the chair appropriate 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.									
]	m idinina wan and doopt are obligate	5110 57, 00511511 557.52557 1 1011							
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE:	Registered A	gent	t signature required	when reinstating)	TE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	_		RS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E				Change	☐ Addition
NAME	SALDANA, MARCO NM		1.2 NAM	Æ					
STREET ADDRESS	8424 MILLS DR		1.3 STR	EET	ADDRESS .				
CITY-ST-ZIP	MIAMI FL 33183		1.4 CIT	r-st-	-ZIP				
TITLE	ST	☐ DELETE	2.1 TiTL	F.		•		Change	☐ Addition
NAME	DESALDANA, MARIA		2.2 NA	Æ	}				ĺ
STREET ADDRESS	8424 MILLS DR		2.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CIT	Y-SI	T-ZIP				
TITLE		☐ DELETE	3.1 TITL			<u> </u>		Change	☐ Addition
NAME			3.2 NAM	Æ			`		
STREET ADDRESS		± , *,	3.3 STR	EET.	ADDRESS -				•
CITY-ST-ZIP			3.4. CIT	Y-ST	r-zip _	<u>_</u>			
TITLE		☐ DELETE	4.1 TITI	.E				Change	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET.	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	·ZIP _				
TITLE		☐ DELETE	5.1 TITL	E				Change	☐ Addition
NAME			5.2 NAM	Æ					ļ
STREET ADDRESS			5.3 STR	EET,	ADDRESS				ĺ
CITY-ST-ZIP	į		5.4 CIT	/-ST-	-ZIP				}
TITLE		☐ DELETE	6.1 TITL	E.	$\overline{}$	-		Change	☐ Addition
NAME	İ	_	6.2 NAM	Æ					ļ
STREET ADDRESS			6.3 STR	EET	ADDRESS				Ì
CITY-ST-ZIP	}		6.4 CFT						
UIII-OI-ZIP									

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, with all other like empowered.

SIGNATURE:

03-16-99

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90040 014 \*\*\*150.00