

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014210
1. Corporation Name
TEQUILA MEXICAN REST. INC.

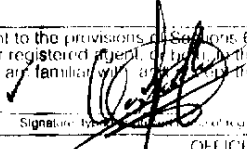
Principal Place of Business: 3827 US Hwy 19 N
Mailing Address: NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE		4. FEI Number 59-3429877		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

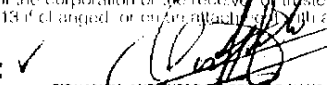
9. Name and Address of Current Registered Agent CASTULO VASQUEZ 7522 HIGHWATER DR. APT. C4 NEW PORT RICHEY, FL. 34655				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  CASTULO VASQUEZ - PRESIDENT 5/9/98
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	☐ DELETE		11 TITLE	☐ Change ☐ Addition		
NAME	CASTULO VASQUEZ			12 NAME			
STREET ADDRESS	7522 HIGHWATER DR C4			13 STREET ADDRESS			
CITY- ST- ZIP	NEW PORT RICHEY FL 34655			14 CITY- ST- ZIP			
TITLE	VICE PRESIDENT	☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME	FRANCO AYALA			22 NAME			
STREET ADDRESS	7522 HIGHWATER DR C4			23 STREET ADDRESS			
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655			24 CITY- ST- ZIP			
TITLE		☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY- ST- ZIP				34 CITY- ST- ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY- ST- ZIP				44 CITY- ST- ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY- ST- ZIP				54 CITY- ST- ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY- ST- ZIP				64 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 newly added with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)