

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

FILED

Jul 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016754 (8)

1. Corporation Name

LA'S MOLAS RESTAURANT, INC.

Principal Place of Business

Mailing Address

10910 W. Flagler St.
Miami, FL 33174

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Miami, FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		02/21/1997		65-0747869		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐			
23		28		8. This corporation owes or has paid the current year Intangible					
Zip		Zip		Personal Property Tax due June 30		☐ Yes ☐ No			
24		29							
Country		Country							
25		30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Salas, Rosario
15441 SW 113 Ave.
Miami, FL 33157

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip 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 of Officer or Director)

(Signature of Registered Agent or Secretary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY, ST, ZIP		1.4 CITY, ST, ZIP	
5. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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***150.00

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14. I, the undersigned, am the duly authorized officer or director of the corporation and I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida. I am familiar with and accept the obligations of Chapter 607, Florida Statutes, and that my name appears in Block 1 of the Block 1 of the corporation's annual report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosario Salas

7/22/98

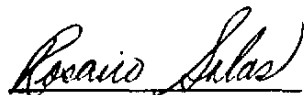
(2)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **LAS MOLAS RESTAURANT, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, reading "Rosario Salas", written over a horizontal line.

ROSARIO SALAS
President