SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P97000021380 (5)

## MEXICAN INTERNATIONAL EATERIES, INC.

Principal Place	o of Rusinoss	0	Mailing Address					- 1 1000   1000
i '								
100 WEST CYPRESS CREEK ROAD SUITE 700			100 WEST CYPRESS CREEK ROAD					
FT. LAUDERDALE FL			SUITE 700 FT. LAUDERDALE FL					DO NOT WRITE IN THIS SPACE
i i biodenonee ie			TI. ENDERIONEE TE					3. Date Incorporated or Qualified
								03/07/1997
2. Principal P	lara M Rusin	220	2a. Mailing Address				<del></del>	4. FEI Number Applied For
	INCO OI DUSIII	1000	26					65-0741163   Not Applicable
21 Suita Ant	# 010		Sulte, Apt. #, etc.			_		\$8.75 Additional
Suite, Apt.	#, BIC.							5. Certificate of Status Desired Fee Required
22			City & State					
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28]					Trust Fund Contribution
Zip		Country	Zip		Count	У		8. This corporation owes or has paid the current year Intangible
24		25	[29]	<del></del>	30			Personal Property Tax due June 30. Yes No
		Registered Ag				Manage	10. Name and Address of New Registered Agent	
		ory jesq.			•	1	Name	
GRE	enspoon,	ld, rafkin	, rafkin		2	Street Addre	ss (P.O. Box Number is Not Acceptable)	
100	<b>WEST CYP</b>	RESS CREEK RD., SU	ITE 700					· · · · · · · · · · · · · · · · · · ·
FT. (	LAUDERDA	LE FL 33309			8	3		
							0.4	85 Zip Code
							City	FL 85 Zip Code
11. Durguent 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.		13.		John algustara raquir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	OFFICERS AND	F	PELETE	1.1 TITLE			Change Addition
	-	IAMES D	L	DELETE	1,2 NAME			Cuange L voquion
NAME LAMBERT, JAMES R STREET ADDRESS 100 WEST CYPRESS CREEK RD. SUITE 700						1.3 STREET ADDRESS		
STREET ADDRESS	l						1	
CITY-ST-ZIP	PI. LAUU	ERALE FL 33309					-ZIP	
TITLE			L	DELETE	2.1 TITLE		ł	Change Addition
NAME					2.2 NAME			
STREET ADDRESS					2.3 STREE	ET A	ADDRESS	
CITY-ST-ZIP				2.4 Ct1			-ZIP	
TITLE				DELETE	3.1 TITLE			Change Addition
NAME					3.2 NAME			
STREET ADDRESS					3.3 STREE	ETA	ADDRESS	
CITY-ST-ZIP					3.4 C/TY-	ST-2	-ZIP	
TITLE				DELETE	4.1 TITLE			Change Addition
NAME			٠.		4.2 NAME			
STREET ADDRESS							ADDRESS	
					4.4 CiTY-			
CITY-ST-ZIP TITLE			Г	Dr. r+c	5.1 TITLE	-	<u></u>	Change Addition
1			Ļ	DELETE				Change [ ] Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREE			
CITY-ST-ZIP					5.4 CITY-		ZIP	
TITLE			[	DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREE	ET A	ADDRESS	

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 it changed, or on an attachment with an address.