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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000039305 (2)

RIGO'S BROTHERS ENTERPRISES, INC.

**FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			1 100 kibal sis antii Laalis dalki sakki sakki salaa iliin lalaa hiili adkibi alii (ffal		
5730 LAKESIDE DRIVE #410	5730 LAKESIDE DR #410	5730 LAKESIDE DRIVE			
MARGATE FL 33063	MARGATE FL 3306	3		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		<del></del>	05/02/1997	
21	— ·			4. FEI Number Applied F Not Applied F	
Sulte, Apt. #, etc.	26   Suite, Apt. #. etc.		<del></del>	\$8.75 Addition	
22	27			5. Certificate of Status Desired Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Bo	
23	28			Trust Fund Contribution Added to Fees	
Zip Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	3
24	29	30		Personal Property Tax due June 30. Yes No	
g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent	
MIGUEL, RIGOBERTO A		81	I Name		
5730 LAKESIDE DRIVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
#410				<u> </u>	
MARGATE FL 33063		83	<b>'</b>		
		84	1 City	85 Zip Code	
				FL 63 ZIP COOK	
I office or registered agent or both in the S	ilalo of Fiorida. Such change w	as authorized h	iv the corpora	poration submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as register	iered ired
agent. I am familiar with, and accept the o	bligations of, Section 607.0505	, Florida Statute	BS.	11/2/	A 2
SIGNATURE SIGNATURE Signed or profited name of registering	Migrel			iligif when reinstation)	10
	AND DIRECTORS	13.	jeni signaturo requi	(ited when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
L_!					ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  R. G. G. B. E. T. G. A.  R. G. G. B. E. T. G.  A. C. G. G. B.  A. C. G.  A.	1. HIGUEL	1.2 NAME		<b>_</b>	
STREET ADDRESS 17320 LA Lega	11 88. # 410	1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	2 33063	1.4 CITY -			
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	ddition
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NAME		6.2 NAME		· •	

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I heroby 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.