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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000042578 (9)

EL GRILL ENTERTAINMENT, INC. Principal Place of Business Mailing Address 12346 SOUTHWEST 119 TERRACE 12346 SOUTHWEST 119 TERRACE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1997 2a. Mailing Address FEI Number 65075/250 2. Principal Place of Business Applied For 26 Not Applicable Suite, Apt. #, etcr Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NCT): Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 1885 NAME PAYET, JAVIER A 1.2 NAME 12346 SOUTHWEST 119 TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY - ST - ZIF 1.4 CITY - S1 - ZIP DELETE Change Addition TIT1 F 2.1 THUE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3 1 11TLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP IY-ST-ZIP DELETE Change Addition TITLE 4.1 NAME STREET ADDRESS TET ADDRESS CITY-ST-ZIP - ST- ZIP DELETE Change Addition TITLE 5 1 NAME STREET ADDRESS 5.3 STHEET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 6.1 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 by execute this required by Chapter 607, Florida Statutes; and that my name appears in

14/20/98 (305)270-0873

CR2E034

FILED

Jun 04 1998 8:00am

Secretary of State

CICMATURE.

Block 12 or Block 13 if changed or on an attachment with an address.

CITY-ST-ZIP