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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700080347

1. Corporation	n Name	.000011								
LATIAN	MARIA RESTAURANT, INC.									
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(3. Da	ate Incorporate	ed or Qualifed			
					0	9/16/1997				İ
2. Principal P	lace of Business	2a. Mailing Address		-		El Number			Ar	plied For
21		26			6	5-0793290			No	Applicable
Suite, /pt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27			5. Ci	ertifcate of Sta	itus Desired		Fee Re	e quired
City & State	e	City & State			6. El	ection Campa	ian Financina		\$5.00	Vlav Be
23		28			1	rust Fund Com				to Fees
Zip	Country	Zip	Country	,	8. TI	his corporation	owes the cur	rent year In	tangible	
24	25	29	30		1 '	ersonal Prope		•	☐Yes	₽No
	9. Name and Address of Currer	· 			10. N	ame and Add	ress of New	Registered	Agent	
			81	Name		1120 11	10/100	20127		
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_			84	City	HiA	100 H		Fil		Code 30/2
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office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corpo	oration's board	d of directors.	I hereby acce	pt the ap o	intment as re	gistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the abiga	of Florida. Such change was au rions of, Section 607.0505, Fore	thorized by da Statutes	the corpo	oration's board	d of directors.	I hereby acce	pt the ap o	intment as re	gistered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further sertify 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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS