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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9700087555 (3)

LA COCINA DE EVELYN, ONC. Principal Place of Business Mailing Address 975 NORTHEAST 125TH STREET 975 NORTHEAST 125TH STREET N MIAMI BEACH FL 33161 N MIAMI BEACH FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE 82 Street CORAL GABLES FL 33134 83 84 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for
office or registered signit, or both, in the State of Horida, Such change was authorized by the corporation's board of directors. Thereby
agent, tan familia, and accept the Park tions of Section 607.0505. Florida Statutes. appointment as registered required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition PSTD TITLE DELETE 1.1 TITLE HORTA, EVELYN 1.2 NAME NAME 975 NORTHEAST 125TH STREET 1.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33161 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ■ Addition 2.1 11116 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP

Block 12 or Block 13 if clylinged, or on an attachment with an address.

SIGNATURE: V Sanda Wattachment with an address.

14. Thereby certify that the information supplied with this filling 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