## 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 # P97000098255 (7)

LAS DI	ELICIAS RESTAURANT, INC.				
Principal Place of Business Mailing Address					EUGU 19118 (1881 9119) 9111 1891
		1003 W. HILLSBOROUGH TAMPA FL 33603	AVE.	DO NOT WRITE IN THI	\$ SPACE
				3. Date Incorporated or Qualified	
A Dringing of F	Disable CD:	T 2		11/17/1997	
2. Principai i	Place of Business	2a. Mailing Address		4. FEI Number 54-348/927	Applied For
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.	<del></del>		Not Applicable
22	,	27		5. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	[25]	29	30	Personal Property Tax due June 30.	Yes X No
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registere	d Agent
HILL, CANDIDA L					
1003 W. HILLSBOROUGH AVE. TAMPA FL 33603			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida, Such change was at agent. Lam familiar with, and accept the obligations of, Section 607.0505, Flor			es, the above-named o	corporation submits this statement for the purpose	of changing its registered
office or t agent La	registered agent, or both, in the State o Im familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized by the corportion	oration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE					
	Stgoature, typed or pointed name of registered agest		Flogislered Agent signature of		
12.	OFFICERS AND	·	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TIBLE	DP CANDIDA I	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	HILL, CANDIDA L 1003 W. HILLSBOROUGH AVE.		1.2 NAME		
CITY-ST-ZIP	TAMPA FL 33603		1.3 STREET ADDRESS		
TITLE	DST	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	ANDERSON, LEIDY		2.2 NAME		C onsinge C Addition
STREET ADDRESS	1003 W. HILLSBOROUGH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		2 4 CITY-ST-ZIP		
TITLE	DV	DELETE	3 1 1HLE		Change Addition
NAME	RIVERA, MILAGROS		3.2 NAME		
STREET ADDRESS	1003 W. HILLSBOROUGH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	· . · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		Change Addition
NAME	RODRIGUEZ, DENNY		4. 2 NAME		
STREET ADDRESS	1003 W. HILLSBOROUGH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	Lorune	4.4 CITY - ST - ZIP		
TITLE NAME		DETELE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-\$T-ZIP			5.3 STREET ADDRESS		ļ
TITLE		DELETE	5.4 CHTY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		- vere	6.2 NAME		C Change C ROUSIUII
STREET ADDRESS			6.3 STREET ADDRESS		
			0.0 DITILLY ADDRESS		

6.4 CITY-S1-ZIP

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 supplied entire 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 altrachment with an address.

**FILED** 

Apr 13 1998 8:00am

Secretary of State