

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # **P97000102112 (4)**

1. Corporation Name

3 AMIGOS TEX-MEX RESTAURANTS, INC.



Principal Place of Business

**3909 SADDLE RIDGE ST
VALRICO FL 33594**

Mailing Address

**3909 SADDLE RIDGE ST
VALRICO FL 33594**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

59-3481349

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3615 S. FLORIDA Ave #110

Suite, Apt. #, etc.

22 110

City & State

23 LAKE LAND FL

Zip

24 33803

Country

25 USA

2a. Mailing Address

26 3615 S. FLORIDA AVE

Suite, Apt. #, etc.

27 110

City & State

28 Lake land FL

Zip

29 33803

Country

30 USA

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ISMAEL
3909 SADDLE RIDGE ST
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

Ismael Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)

3909 Saddle Ridge st

83

84 City

VALRICO

FL

85 Zip Code

33594

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Ismael Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, ISMAEL**
STREET ADDRESS **3909 SADDLE RIDGE ST**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ DELETE

NAME **PRIETO-SOTO, BLANCA**
STREET ADDRESS **3909 SADDLE RIDGE ST**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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.

SIGNATURE

Ismael Rodriguez

7.27.98 (941) 648-2403

CR2E034 (5/98)