## 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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000102117 (3)

## PESOS MEXICAN RESTAURANTS OF FLORIDA, INC.

## **FILED** Oct 01 1998 8:00am Secretary of State



| <u> </u>  |                               |                     |                       |               |   |
|---|-------------------------------|---------------------|-----------------------|---------------|---|
| Principal Place of Business Mailing Address   |                               |                     |                       |               |   |
| 1801 GEORGE   | 1801 GEORGE JENKINS BI        |                     |                       |               |   |
| LAKELAND FL 33815   |                               | LAKELAND PL 33813   | LAKELAND FL 33815     |               | DO NOT WRITE IN THIS SPACE                                    |
|   |                               |                     |                       |               | 3. Date Incorporated or Qualified                             |
|   |                               |                     |                       |               | 12/01/1997  |
| 2. Principal F  | Place of Business             | 2a. Mailing Address | a. Malling Address    |               | 4. FEI Number . Applied For                                   |
| 21  |                               | [26]                |                       |               | 59-348-1333   Not Applicable                                  |
| Sulte, Apt. #, etc.   |                               | Suite, Apt. #, etc. | Suite, Apt. #, etc.   |               | 5. Certificate of Status Desired \$8.75 Additional            |
| 22  |                               | 27                  | 27                    |               | 5, Certificate of Status Desired Fee Required                 |
| City & State  |                               | City & State        | City & State          |               | 6, Election Campaign Financing \$5.00 May Be                  |
| 23  |                               | 28                  |                       |               | Trust Fund Contribution Added to Fees                         |
| Zip   | Country                       | Zip                 | Coun                  | try           | This corporation owes or has paid the current year Intangible |
| 24  | [25]                          | 29                  | 30                    |               | Personal Property Tax due June 30. Yes No                     |
| ļ   | 9. Name and Address of Curren | it Registered Agent |                       | 041 A4        | 10. Name and Address of New Registered Agent                  |
| ROD   | PRIGUEZ, ISMAEL               |                     | '                     | 81 Name       |   |
|   | SADDLE RIDGE STREET           |                     | 1                     | B2 Street     | Address (P.O. Box Number is Not Acceptable)                   |
| VALI  | RICO FL 33594                 |                     | L                     |               |   |
|   |                               |                     | [                     | 83            | 1   |
|   |                               |                     | Ī                     | B4 City       | FI 85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. |                               |                     |                       |               |   |
| SIGNATURE   |                               |                     |                       |               |   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require  12. OFFICERS AND DIRECTORS  13.   |                               |                     |                       |               |   |
| 12.   | D OFFICERS AN                 |                     | 13.                   | <del></del> - | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |
| NAME  | RODRIGUEZ, ISMAEL             | L DELETE            |                       |               | Change Addition   |
|   | AAAA AADDI E DIDAE AY         |                     | 1.2 NAM               |               |   |
| STREET ADDRESS  | VALISION SE ANDOA             |                     |                       | ET ADDRESS    |   |
| CITY-ST-ZIP<br>TITLE  | D                             |                     | 1.4 CITY<br>2.1 TITL  |               | <del> </del>  |
|   | PRIETO-SOTO, BLANCA           | L DELETE            |                       |               | Change Addition   |
| NAME  | 3909 SADDLE RIDGE ST          |                     | 2.2 NAM               |               |   |
| STREET ADDRESS  | VALRICO FL 33594              |                     |                       | ET ADDRESS    | · · · · · · · · · · · · · · · · · · ·                         |
| CITY-ST-ZIP<br>TITLE  | VALIGOOTE 33384               |                     | 2.4 CITY<br>3.1 TITL  |               |   |
| NAME  |                               | L DELETE            | 3.2 NAM               |               | Change L_ Addition  |
| STREET ADDRESS  |                               |                     |                       | ET ADDRESS    |   |
|   |                               |                     | 1                     |               |   |
| CITY-ST-ZIP<br>TITLE  |                               | []                  | 3.4 C/TY<br>4.1 T/TLI |               |   |
| NAME  |                               | L DELETE            | 4.1 HILL              | _             | Change Addition   |
| STREET ADDRESS  |                               |                     | 1                     | ET ADDRESS    |   |
| CITY-ST-ZIP   |                               |                     | 4,4 CITY              |               |   |
| TITLE   |                               | Прист               | 5.1 THU               |               |   |
| NAME  |                               | L_ DELETE           | 5.2 NAM               |               | Change Addition   |
| STREET ADDRESS  |                               |                     |                       | ET ADDRESS    |   |
| CITY-ST-ZIP   |                               |                     | 5.4 CITY              |               |   |
| TITLE   |                               | DELETE              | 6.1 TITLE             |               | T 06 T 4470   |
| NAME  |                               | ☐] bere ie          | 6.2 NAM               |               | Change Addition   |
| STREET ADDRESS  | ŧ                             |                     |                       | ET ADDRESS    |   |
| CITY-ST-ZIP   | ·                             |                     |                       |               | !   |
| OH 1-3 I-EIF  |                               |                     | 6.4 CITY              | -01-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 the national 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 the national 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 the national report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or the national report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or the national report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or the national report is true and accurate and that my name appears in Block 12 or Block 13 if changed is true and the national report is true.