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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000102117 1. Corporation Name

PESOS MEXICAN RESTAURANTS OF FLORIDA, INC.

Principal Place of Busiless										
1801 GE	ORGE	JENKINS	BLVD							
AKEL AL	ND FI	33915								

Mailing Address

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90035 028 ***150.00



1801 GEORGE . LAKELAND FL 3				DO NOT WRITE IN THIS SPACE							
		· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualifed 12/01/1997						
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-	A	pplied For		
21	•	26			_	59-3481333			lot Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				_5Certificate of Status Desired			Additional		
27 27						<u> </u>		Required			
City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees				
Zip	Country	Zip 3				8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Current	<u> </u>				10. Name and Address of New Re	gistered A	gent			
		· · · · · · · · · · · · · · · · · · ·	8	1	Name						
Rodriguez, ismael 3909 Saddle Ridge Street			8	2	Street Addres	dress (P.O. Box Number is Not Acceptable)					
VALF	RICO FL 33594		8	33							
	· ·		8	34	City		FI	85 Zir	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							DATE				
	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent :	signature required v	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12		
12.	D OFFICERS AND	DELETE	1,1 TITLE		T			Change			
TITLE NAME	RODRIGUEZ, ISMAEL		1.2 NAMI		-	4	•]		
STREET ADDRESS	3909 SADDLE RIDGE ST	•			ADDRESS				ł		
	VALRICO FL 33594		1.4 CITY			•			1		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE					Change	Addition		
NAME	PRIETO-SOTO, BLANCA	•	2.2 NAMI	Ē					J		
STREET ADDRESS	3909 SADDLE RIDGE ST	· · · · · · · · · · · · · · · · · · ·	2.3 STRE	EETA	ADORESS ::-						
CITY-ST-ZIP	VALRICO FL 33594		2, 4 CITY	Y-ST	-ZIP						
TITLE		☐ DELETE	3,1 TITLE	E	•			Change	e Addition		
NAME	·		3.2 NAM	E			•				
STREET ADDRESS			3.3 STR	EET/	ADDRESS ;				•		
CITY-ST-ZIP			3.4. CITY	Y-ST	-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 TITU	E				☐ Chang	e		
NAME	,		4. 2 NAM	đΕ	·		٠,	·			
STREET ADDRESS		•	4.3 STRE	EET/	ADDRESS	, .			ŀ		
CITY-ST-ZIP	·		4.4 CITY	/-ST-	ZIP						
TITLE	·	☐ DELETE	5.1 TITU	E		4	•	☐ Chang	e 🗌 Addition 🛭		
NAME			5.2 NAM		-	÷ .					
STREET ADDRESS			5.3 STRI	EET A	ADDRESS						
CITY-ST-ZIP		·	5.4 CITY		ZIP				_ Final a district _		
TITLE		. DELETE	6.1 TITLE					☐ Chang	e 🖺 Addition		
NAME S	HARTIG HERE CONSECTION		6.2 NAM		ł	•					
STREET ADDRESS	\$	•	6.3 STR	EET/	ADDRESS						

CITY-ST-ZIP 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 changes from an attact mept with an address, with all other like empowered.