Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90206 023 ***150.00

PROFIT - CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

□ Corporatio	MENT # P97000 N'S MEXICAN GRILL, INC.	107129				
Principal Plac	a of Business	Mailing Address		T (SATUES) US AND LANGE A	Frif #Mitt Sulthe stürf Mitter i kanrı sı	414 HE18 1815 (44)
1385 SHORELIN		1385 SHORELINE OR				
GULF BREEZE FL 32561 GULF BREEZE FL 32561				50.00	MOSTE IN THE COACE	
					WRITE IN THIS SPACE	
(3. Date incorporated or Qua 12/11/1997	INEC	1
		2a. Mailing Address		4. FEI Number		Applied For
⊢ ⊸ '	Place of Business			59-3481037		Not Applicable
21 Suile, Apt.	# orc	Suite, Apt. #, etc.			58.7	Additional
22	r, etc.	27		5. Certifcate of Status Desir	ed 🗆 Fee	Required
City & Stat	ta ·	City & State		6. Election Campaign Finan	cing \$5.0	O May Be
23	·•	28		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation owes the		
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of h	lew Registered Agent	
0514	EQ LODGNIZO		81 Name	•		
REYES, LORENZO			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
1212 VILLA WOODS DR GULF BREEZE FL 32561					<u>-</u>	
GOL	F BREEZE FL 32301		83			ļ
1			84 City		85 Zi	p Code
			11		FL)	ite registered
1 11 Durement	to the provisions of Sections 607,050					
office or r agent. I a	registered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was autions of, Section 607.0505, Flori	thorized by the con da Statutes.	d corporation submits this statement for poration's board of directors. I hereby	accept the appointment as	registered
office or r agent. I a SIGNATURE				required when reinstating)	DATE	i _
SIGNATURE	Signature, typed or printed name of registered again	it and tale if applicable. [NOTE:		oration's board of directors. I hereby required when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS AND DIREC	i _
SIGNATURE	Signature, typed or printed name of registered again		Registered Agent signature	required when refreshing) ADDITIONS/CHANGES TO	DATE	i _
SIGNATURE 12. TITLE	Signature, typed or printed name of registered again	n and title if applicable. [NOTE:	Registered Agont signature	ADDITIONS/CHANGES TO PRESIDENT	DATE OFFICERS AND DIRECT Change	i _
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN	n and title if applicable. [NOTE:	Registered Agent signature 13. 1,1 TITLE	ADDITIONS/CHANGES TO PRESIDENT LORENZO REYES	DATE OFFICERS AND DIRECT Chang	i _
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN VP GALVAN, ROGELIO	n and title if applicable. [NOTE:	13. 1,1 TITLE 1.2 NAME	PRESIDENT LORENZO REYES	DATE D OFFICERS AND DIRECTOR Change Change A L. 3256 /	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN VP GALVAN, ROGELIO 209 B MCCLURE DR	n and title if applicable. [NOTE:	13. 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS	ADDITIONS/CHANGES TO PRESIDENT LORENZO REYES	DATE OFFICERS AND DIRECT Chang	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN VP GALVAN, ROGELIO 209 B MCCLURE DR	N and two if explicable. (NOTE: D DIRECTORS DELETE	Registered Agont signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	ADDITIONS/CHANGES TO PRESIDENT LORENZO REYES	DATE D OFFICERS AND DIRECTOR Change Change A L. 3256 /	TORS IN 12
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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 Statutas. 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 it made under eath; 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 STREET ADDRESS

914-4520