PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State
06-04-1999 90008 046 ***150.00

DOCUMENT # P98000003397

1. Corporation Name
DOS RIOS RESTAURANT, INC.

Principal Place of Business	Mailing Address
6667 TAFT STREET HOLLYWOOD FL 33024	6667 TAFT STREET HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country (25)

26. Mailing Address — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — County (30)

3. Date Incorporated or Qualified: 01/12/1998

4. FEI Number: 65-0803992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIVERIO, E.
7179 PEMBROKE ROAD
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name: Mario J. CORTES
82 Street Address (P.O. Box Number is Not Acceptable): 101 NW 190th Avenue
83
84 City: Pembroke Pines FL 85 Zip Code: 33029-

11. Pursuant to the provisions of Sections 607.0505 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] 3/25/99
(Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORTES, MARIO J 101 NW 190TH AVE PEMBROKE PINES FL 33029 ☐ DELETE	1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CORTES, OSMAY 2601 SW 14TH COURT FORT LAUDERDALE FL 33312 ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] President 03/25/99
(Signature of an Officer or Director of Corporation, Receiver or Trustee) (Title) (Date)