

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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90127 050 \*\*\*150.00

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DOCUMENT # P98000005458

1. Corporation Name

BRONCO RESTAURANT, INC.

Principal Place of Business

24625 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032

Mailing Address

24625 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

65-0805855

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

OLIVERA, MAYTE  
24625 S. DIXIE HIGHWAY  
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name

Everardo Ramirez

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

24625 S. Dixie Highway

83

84 City

HOMESTEAD

FL

85 Zip Code

33032

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

Everardo Ramirez

Everardo Ramirez

2/16/99

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 PD  
NAME OLIVERA, MAYTE  
STREET ADDRESS 19462 S.W. 118TH PLACE  
CITY-ST-ZIP MIAMI FL 33177

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME Everardo Ramirez  
1.3 STREET ADDRESS 1495 N.E. 8 Ave  
1.4 CITY-ST-ZIP Homestead, FL 33030

☒ Change

☐ Addition

2.1 TITLE S  
2.2 NAME Ramiro Ramirez  
2.3 STREET ADDRESS 40351B S.W. 192 Ave  
2.4 CITY-ST-ZIP Florida City, FL 33034

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Everardo Ramirez

DATE

2/16/99

Daytime Phone #

(305) 258-9895

CR2E034 (11/98)