

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**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90005 014 \*\*\*550.00

DOCUMENT # **P98000009354**  
Corporation Name

**LA MEXICANA #2, INC.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>217 N. 15th St</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>7-28-98</b>		4. FEI Number <b>59-3489384</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>27</b>		Suite, Apt. #, etc. <b>BORRO TAX ASSOCIATES</b>		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State <b>Immokalee FL</b>		City & State <b>2408 Linwood Ave Suite 8</b>		6. Election Campaign Financing <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip <b>34142</b>		Zip <b>34112</b>		Country <b>USA</b>		Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	<b>FRANCISCO M. ROQUE</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>106 S. Third St</b>	
83			
84	City	<b>NAPLES</b>	85 Zip Code <b>FL 34142</b>

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]** (NOTE: Registered Agent signature required when reinstating) DATE: **8/30/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P/S/T/D Roque, Francisco M. 106 S. Third Street Immokalee, FL 34142		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/30/99**

**(941) 657-2256**

CR2E034 (11/98)