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 # P98000014210

1. Corporation Name

ENRIQOS MEXICAN KITCHEN OF THE TREASURE COAST, I NC.

Principal	Place	of	Business

Mailing Address

196 NW BENTLEY CIRCLE ST. LUCIE WEST FL 34986 196 NW BENTLEY CIRCLE ST. LUCIE WEST FL 34986

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90071 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/12/1998

Principal Pi	lace of Business 🔃 📗	2a. Mailing Address			4. FEI Number		App	olied For	
27 .3 22 2	lace of Business #	26			15-081985	7	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired		\$8.75 A Fee Re		
22 City & State		City & State			6. Election Campaign Financing		\$5.00	May Po	
23 +4.	serce Fl.	28			Trust Fund Contribution		Added to	· 1	
Zip Country Zip		Country		8. This corporation owes the curr	ent year In				
24 34962 25 54. Lucu 29 30		<u> </u>	1				□No		
	9. Name and Address of Current F	legistered Agent	104	A 1	10. Name and Address of New I	legistered	Agent		
GAMBARDELLA, ANTHONY			81	Name Street Addre	ess (P.O. Box Number is Not Accept	able)			
196 NW BENTLEY CIRCLE									
ST. LUCIE WEST FL 34986		83							
Addition of the Adition of the Aditi			84	84 City FL 85 Zip Code					
	to the provisions of Sections 607.0502 a	and 607 1508 Florida Statutes	the above	-named corno	pration submits this statement for the			registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	iorized by i	the corporatio	n's board of directors. I hereby accep	ot the appoi	intment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Re	egistered Agen	t signature required		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	DPT	☐ DELETE	1.1 TITLE			•	Change	☐ Addition	
NAME	Gambardella, anthony		1.2 NAME						
STREET ADDRESS	196 NW BENTLEY CIRCLE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	ST. LUCIE WEST FL 34986		1.4 CITY-ST	-ZIP					
TITLE	DVS	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	GAMBARDELLA, ANNE		2.2 NAME					-	
STREET ADDRESS	196 NW BENTLEY CIRCLE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	ST. LUCIE WEST FL 34986		2.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	•		3.2 NAME	1					
STREET ADDRESS			33 STREET	ADDRESS					
CITY-ST-ZIP			34 CITY S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	-ZiP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZiP			6.4 CITY-ST	-ZiP					

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 chapter, or on an attachment with an address, with all other like empowered.

"SNATURE: