Mailing Address

C/O HEATHER POZOS 4256 NE OCEAN BLVD

JENSEN BEACH FL 34957

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business
C/O HEATHER POZOS

4256 NE OCEAN BLVD

JENSEN BEACH FL 34957



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024843

DON EDUARDO MEXICAN RESTAURANT, INC.

03/16/1998 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0813764 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POZOS, HEATHER Street Address (P.O. Box Number is Not Acceptable) 3239 SE WEST SNOW ROAD PORT ST. LUCIE FL 34984 83 Zip Code City 85 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. President ☐ Change □ DELETE 1.1 TITLE TITLE Heather Po 205 1.2 NAME 3239 SE West SNOW ROAD NAME 1.3 STREET ADDRESS STREET ADDRESS 34984 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NATURE AND THE OR PRINTED NAME OF SIGNUM OFFICER OR DIRECTOR

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

DELETE

3-11-99

561-871-1447

Addition

Daytime Phone #

FILED Mar 11, 1999 8:00 am

Secretary of State

03-11-1999 90167 013 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed