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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000025029					
1. Corporation Name LOS MEJORES ANTOJITOS RESTAURANT, INC.					
Principal Place of Business 12249 SW 14 LANE APT 1408 MIAMI FL 33184			Mailing Address 12249 SW 14 LANE APT 1408 MIAMI FL 33184		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	A. FEI Number 65-0823377	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent RUIZ, RAMON 12249 SW 14 LANE APT 1408 MIAMI FL 33184				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.				8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE				1.1 TITLE ☐ Change ☐ Addition	
NAME RUIZ, RAMON				1.2 NAME	
STREET ADDRESS 12249 SW 14 LANE, APT 1408				1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33184				1.4 CITY-ST-ZIP	
2.1 TITLE ☐ DELETE				2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE ☐ DELETE				4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE ☐ DELETE				6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 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 registered agent or authorized employee 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 as an attachment with an address, with all items like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date Daytime Phone

CR2034 (11/98)