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 # P98000032337

MI BOSQUECITO RESTAURANT Y TABERNA INC.

Principal Place of Business	Mailing Address
7308 COLLINS AVE.	7308 COLLINS AVE
MIAMI BEACH FL 33141	MIAMI BEACH FL 3
	**

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90149 011 ***150.00



22141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/08/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARLENR IRMENDIZ, MARLENE C MARKEDMANE 82 Street Address (P.O. Box Number is Not Acceptable) 7308 COLLINS AVE MIAMI BEACH FL 33141 83 City MISTER 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 appet the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) and title if appli ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME CACERES, MARLENE NAME 16250 S.W. 102 AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MARIN, JULIAN 2.2 NAME NAME 12370 S.W. 185 TERR. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change C1 DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIF ☐ Change DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

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 address, with all other like empowered,

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)