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PROFIT
CORPORATION
ANNUAL REPORT

1999



DOCUMENT # POROCOA2200

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 011 ***150.00

| 1. Corporation | Name I JOOOC | 072200 | | | |
|--|--|---|------------------------------|--|--|
| PLANETA MEXICO RESTAURANT INC. | | | | | |
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| | | | | | |
| Principal Place of Business Mailing Address | | | | | |
| • | | | | | |
| 2700 PONCE DE LEON BLVD. CORAL GABLES FL 33134 2700 PONCE DE LEON BLVD. CORAL GABLES FL 33134 | | | | | |
| COUNT CARRES LE 20104 COUNT CARRES LE 20104 | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed |
| | | | | | 05/11/1998 |
| Principal Place of Business 2a. Mailing Address | | | · | | 4. FEI Number Applied For |
| 21 26 | | | | | Wot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired |
| 27 | | | | ree Kequireo | |
| City & State City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | • | 8. This corporation owes the current year Intangiale |
| 24 | 25 | 29 | 30 | | Personal Property Tax. ☐ Yes ☐ No |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Registered Agent |
| RUIZ, VICTOR | | | 81 | Name | 4.5172 |
| | | | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptable) |
| 2700 PONCE DE LEON BLVD. | | | | | \$ 24.1.22 1 at 1 |
| CORAL GABLES FL 33134 | | | 83 | | |
| | | | 84 | City | 85 Zip Code |
| | | | i | | FL 1 1 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the above | e-named co | corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was au tions of, Section 607.0505, Flori | itnorized by ida Statutes | the corpora | alion's poard of directors. Thereby accept the appointment as registered |
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered Agent | | | | t signature requ | |
| 12. | | ID DIRECTORS | 13. | - | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETÉ | 1.1 TITLE | | Change Addition |
| NAME | 11012, 1101011 | | 1.2 NAME | | F. 71 4 2 |
| STREET ADDRESS | 2700 7 07102 02 02071 | | 1.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 14 CITY-S | T-ZIP | |
| TITLE | ☐ DELETE 2.1 TI | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-S | T-ZIP | |
| TITLE | ☐ DELETE 3.1 T | | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | STREET ADDRESS 3.3 | | 3.3 STREET | TADDRESS | |
| CITY-ST-ZIP | TY-ST-ZIP 34. | | 3.4. CITY-S | ST-ZIP | · |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | , |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | |
| CITY-ST-ZiP | | | 4.4 CITY-S | T- ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ſ | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | • |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| CTREET ADDRESS | | | 6.3 STREET | ADDRESS | |

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 innual 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 reference 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 appears with all other like empowered.

SIGNATURE:

TURE AND TYPES OF PRIVIDED NAME OF SIGNING OFFICER OR DIRECT

6/99 (305) 441-001C

CR2E034 (11/98