

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000063046

SAN MIGUEL MEXICAN RESTAURANT INC.

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Principal Place of Business Mailing Address								ifijbi seitt ewier anzis a.	8141 8841 <b>4 4</b> 1168	161 III <b>443</b> 11 1	14040 BHI 1904	
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TALLAHASSEE FL 32303 TALLAHASSEE FL 32303								DO NOT WRITE IN THIS SPACE				
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							07/17/1998				ļ	1
2 Principal P	Plane of Rusiness	2a.	Malling Address				4. FEI Number			T Ap	plied For	
2. Principal Place of Business							59-	3 <i>5 aa </i> 2	181	No	t Applicable	1
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.					_	\$	8.75 A	dditional	]
22			27				5. Certifcate of Sta	itus Desired	 	Fee Re	quired	
City & Stat	le		City & State		, <b>u</b> r =		6. Election Campa	ign Financing	7		May Be	-
23			28				Trust Fund Con			Added to	o Fees	Į
Zip	Country		Zip Country			8. This corporation				п.,		
24	25	29						Personal Property Tax. Yes No Name and Address of New Registered Agent				
	9. Name and Address of	Current Regis	tered Agent		81	Name	10. Name and Add	ress of New Keg	stered Age	nx		
עבם	MANDET DEDEC				"	Marne						
HERNANDEZ, PEDRO 200 W THARPE ST						Street A	Address (P.O. Box Number	ess (P.O. Box Number is Not Acceptable)				
	LAHASSEE FL 32303				83							
''~	2 a b to CCC   C CCCC				"							
					84	City			FL 8	5 Zip C	ode	
11 Pursuant	to the provisions of Sections (	607 0502 and 60	7.1508. Florida Statu	tes the a	bove	e-named c	corporation submits this sta	tement for the pur	pose of char	nging its	registered	
I ∧600 ∧ ∧ ∽ ∘	registered agent, or both, in the am familiar with, and accept the	a State of Flood	a Such changa was :	RUMNANZEC	ועסם	the corpoi	ration's board of directors.	I hereby accept th	e appointme	nt as reg	istered	
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14. Thereby 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 eath; that I am an officer or director of the congration 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: X

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FILTPE REYNOZA-BRIONES

May 24, 1999 8:00 am Secretary of State

05-24-1999 90013 023 \*\*\*150.00