Jun 16, 1999 8:00 am Secretary of State

99 90015 034 ***550.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT 1999	DIVIS	Secretary of State	Secretary 0 06-16-1999 90015 03					
, DOCUMENT # P980 , 1. Corporation Name LOS. BOHIOS TABERNA SPO		•						
Principal Place of Business 6854 N.W. 169TH STREET	Mailing Address 6854 N.W. 169TH	•						
MIAMI LAKES FL 33015	MIAMI LAKES FL	33015	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 08/12/1998	SPACE				
2. Principal Place of Business	2a. Mailing Addre	ess	4. FEI Number 65-08677 40					
Suite, Apt. #, etc.	26 Suite, Apt. #,	etc.	5. Certificate of Status Desired					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5 .				
Zip Country 24 25	Zip 29	Country 30	8. This corporation owes the current year Intangit Personal Property Tax.					
9. Name and Address o	f Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent				
Carvajal, Reynaldo 6854 n.W. 169th Street			t Address (P.O. Box Number is Not Acceptable)					
MIAMI LAKES FL 33015		83						
		84 City	FL	85				
, 11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the	ne State of Florida. Such chan-	ge was authorized by the corp	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoint	changin ntment a				
SIGNATURE Signature, typed or printed name of reg	retored agent and title if applicable	(NOTE: Registered Agent skynature	required when repetating) DATE					
	STEPS AND DIDECTORS	(NO1E: Registered Agent signature	ADDITIONS/CHANGES TO DESICERS AN	JD DIRE				

|--|

				08/1	12/1998									
,			4.	FELN	lumber				_		T	Ap	plied F	ог
				65-0867740							Not Applicable			
			5.	5. Certificate of Status Desired						(\$8.75 Additional Fee Required			
	6. Election Campaign Financing Trust Fund Contribution \$5.00 Ma													
Cc	ountry		8.		corporatio			urrent	year Ir		jible Yes		_ ⊠No	
			10.	Nam	e and Ad	dress	of Nev	v Reg	istered	i Age	ent			
	81	Name												
	82	Street	Address (F	P.O. Bo	ox Numbe	ris No	t Acce	ptable)					
	83													
	84	City							FI		85	Zip (Code	
utes, the authorize lorida Sta	ed by	the corpo	corporatio oration's b	n subnoard of	nits this st f directors	ateme . I her	nt for ti eby acc	he pur cept th	pose o le appo	f cha pintm	angir ent	ng its as re	registe gistere	ered d
TE: Register	ed Agen	t signature r	equired when						DATE					
13	3.			ADDIT	TONS/CH	ANGE	S TO	DFFIC	ERS A					
1.1	TITLE		V					_	,] Cha	ange		Addition
1.2	NAME		060	SA	۷.	G	2NC	2∧,	∕ <i>€</i> ₹	1	1	_		
1.3	STREET	ADDRESS	695	95	L. NU	2.	/ S S	رۍ د	t. 1	AP.	/.	5	101	,
1.4	CITY-ST	T-ZIP	MIA	4	1 , E	<u>て、</u>	<u> 33</u>	0/	<u>S'</u>					
2.1	TITLE				/] Cha	ange		Addition
2.2	NAME													

☐ DELETE TITLE CARVAJAL, REYNALDO NAME 7125 N.W. 186TH ST. APT 310B STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP DELETE TITLE LOPEZ, JORGE NAME 15762 S.W. 137TH COURT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33112** . 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 armual 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 of the receiver or tustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if enanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🖄

1 . A . . MED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/99 (305) 362-012/