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 # P98000073602

1. Corporation Name

POLLO D' ORO, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90046 017 ***150.00



, ollo				
Principal Place of Business Mailing Address		Mailing Address		f \$001/00% life (3) %; yakit 06;it 00tit 00tit 10000 (tita 01;;) 00tit 1001
1752 W. TERR. DR. 1752 W. TERR. DR. LAKE WORTH FL 33460 LAKE WORTH FL 33460		1752 W. TERR. DR. LAKE WORTH FL 33460	•	
LAKE WORTH FL 33400 . LAKE WORTH FE 33400				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				08/20/1998
2. Principal Pl	ace of Business	2a. Mailing Address	_	4. FEI Number Applied For
21		. 26		65-0861167 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State		
City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	¬ '	Personal Property Tax.
24)	9. Name and Address of Curre		<u></u>	10. Name and Address of New Registered Agent
			81 Name	
PEREZ, NILO			82 Street Add	ress (P.O. Box Number is Not Acceptable)
1752 W. TERR. DR.			UZ Street Addi	(1.0. Dox (tulibut is five/reasphasio)
LAKI	E WORTH FL 33460		83	
			84 Gity	85 Zip Code
			1 1 1	FL
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 accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE			egistered Agent signature require	ad when reinstating) DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, ISMAEL		1.2 NAME	
STREET ADDRESS	1752 W. TERR. DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 mle	☐ Change ☐ Addition
NAME	ALONSO, CELINA G		2.2 NAME	
STREET ADDRESS	1752 W. TERR. DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	را دمه الله المحاجدة معاليستسيسات	2.4 CiTY+ST-ZIP	<u></u>
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, NILO	•	3.2 NAME	·
STREET ADDRESS	1752 W. TERR. DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TTLE	☐ Change ☐ Addition
NAME	PEREZ, MARTA I	•	4.2 NAME	
STREET ADDRESS	1752 W. TERR. DR.		4.3 STREET ADDRESS	
C/TY-ST-ZIP	LAKE WORTH FL 33460	_	4.4 CITY-ST-ZIP	
TITLE	·	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	· ·	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			8.4 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 on 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, or or an attacgment with an address with all other like empowered.

SIGNATURE:)