## 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 # P98000082178 1. Corporation Name

TRES PERLAS CAFETERIA INC

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90028 033 \*\*\*150.00



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Principal Place of Business Mailing Address								ili 36161 iAtia 11661 iti	9() (868) (80) (68)	
3948 CURTISS PARKWAY VIRGINIA GARDEN FL 33166 VIRGINIA GARDEN FL 33166						ļ	DO NOT WRITE IN	N THIS SPACE		
							3. Date Incorporated or Qualifed			
							09/22/1998		ì	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For	
·	26						65-0866961		Not Applicable	
<del>-</del>			te, Apt. #, etc.					\$8.75	5 Additional	
22 27						5. Certifcate of Status Desired	Fee	Required		
	City & State City & State						6. Election Campaign Financing	\$5.0	<b>0</b> May Be	
23 28						Trust Fund Contribution	Adde	d to Fees		
Zip	Zip Country Zip Cou			ountry	1	8. This corporation owes the current year Intangible				
24 25 29 30							Personal Property Tax.	□Yes	□No	
	9. Name and Address of Current	t Registered Ag	ent	4	<del></del>		10. Name and Address of New Regis	stered Agent		
				81 Name						
CORTINA, JUAN				82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
3948 CURTISS PARKWAY				ļ						
VIRG	inia garden FL 33166			83	1					
				84	City			FL 85 Zi	ip Code	
Ì				<u> </u>	<u> </u>		the state of the s		ite registered	
office or co	vaistared agont or both in the State (	OFFICE AND THE	nange was authoriz	eu by	LINE COLDS	corpor	ration submits this statement for the purp's board of directors. I hereby accept the	appointment as	registered	
agent. Lar	n familiar with, and accept the obligat	tions of, Section	607.0505, Florida St	atutes	š.				ļ	
SIGNATURE										
	Signature, typed or printed name of registered agen			<u>-</u>	nt signature r	equired v	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12	
12.		D DIRECTORS	DELETE 1.1	TITLE			ADDITIONS/CHANGES TO OFFICE	☐ Chang		
TITLE	D COPTING MAN		_	NAME						
NAME	CORTINA, JUAN		i i	_	T 1000000					
STREET ADDRESS	3948 CURTISS PARKWAY				T ADDRESS					
CITY-ST-ZIP	VIRGINIA GARDEN FL 33166			CITY-S	SI-ZIP			Chang	ge Addition	
TITLE	D.			NAME		واند	ISBITE MAGDALE	U.A.	. –	
NAME	CORTINA, MAGDALENA				T ADDRESS	20	EBLES MAGDALEI 148 CURTISS PARIC RGINIA GARDEN, FI	WA	j	
STREET ADDRESS	3948 CURTISS PARKWAY				OT ZID	27	REWIN GARDEN FO	33160	ه ا	
CITY-ST-ZIP	VIRGINIA GARDEN FL 33166			TITLE	ST-ZIP	VI	CGINIL CAMOUNT	☐ Chang	ge Addition	
TITLE				NAME					•	
NAME			L L		T ADDRESS					
STREET ADDRESS					ST-ZiP	}			}	
CITY-ST-ZIP TITLE				TITLE	01-54	<del> </del>		☐ Chang	ge Addition	
NAME			_	2 NAME	<u>:</u>					
1			1		Et address	İ				
STREET ADDRESS	l			CITY-		-			}	
TITLE				TITLE		1		☐ Chan	ge Addition	
NAME			_	2 NAME						
STREET ADDRESS			5.	3 STRE	ET ADDRESS				{	
CITY-ST-ZIP	ļ				ST-ZIP	1			_	
TITLE				1 TITLE				Chan	ige Addition	
NAME			_	2 NAME						
STREET ADDRESS			6.	3 STRE	ET ADDRESS					
CITY_ST_7IP			6.	4 CITY-	ST-ZIP	Ì				

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: