

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90153 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000084398**

1. Corporation Name  
**PACHANGA MIX, INC.**

Principal Place of Business  
**320 S.E. 9TH STREET**  
**FT. LAUDERDALE FL 33316**

Mailing Address  
**320 S.E. 9TH STREET**  
**FT. LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6669 Lake Worth Road</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lake Worth Florida</b> Zip Country 24 <b>33467</b> 25 <b>U.S.</b>		2a. Mailing Address 26 <b>6669 Lake Worth Road</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lake Worth Florida</b> Zip Country 29 <b>33467</b> 30 <b>U.S.</b>		3. Date Incorporated or Qualified <b>09/28/1998</b> 4. FEI Number <b>65-0877132</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HIBBERD, BLAINE H P.A.</b> <b>320 S.E. 9TH STREET</b> <b>FT. LAUDERDALE FL 33316</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		

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 **Aida Gonzalez President** 4/22/99  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	P.S. <b>AIDA GONZALEZ</b> <b>8134 ROSE MARIE AVE</b> <b>BOWTOWN BCH FL 33437</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	P.S. <b>Aida Gonzalez</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	V.T. <b>J. HECTOR ESCAMILLA</b> <b>8134 ROSE MARIE AVE.</b> <b>BOWTOWN BCH FL 33437</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	V.T. <b>J. Hector Escamilla</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **HECTOR ESCAMILLA** OWNER: **04-22-99**  
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (1/98)