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

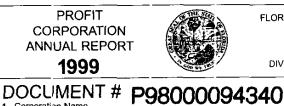
Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

TINA'S RESTAURANT, INC.

Principal Place of Business



DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-26-1999 90194 040 \*\*\*150.00



1000 BRICKELL AVE., SUITE 660 1000 BRICKELL AVE., SUITE 660 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date In corporated or Qualifed 11/06/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4 FEI Number 8013 5.W. 150 Avenue 26 8013 S.W. ALENDE Not Applicable \$8.75 Additional Suite, Art. #, etc. Suite, Apt. #, etc.  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami, Florida Added to Fees Trust Fand Contribution Mami Zip 8. This corporation owes the current year Intangible Mo Personal Property Tax. 33193 30 10. Name and Address of New Registere J Agent 9. Name and Address of Current Registered Agent Name XIQUES, ALBERT J ESQ Street Address (P.O. Box Number is Not Acceptable) 82 1000 BRICKELL AVE., SUITE 660 MIAMI FL 33131 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 circulars. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT : Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. President / Director **Addition** ☐ DELETE 11 TITLE Ricardo Orozco 1.2 NAME NAME 8013 SIN. 150 Avenue 1.3 STREET ADDRESS STREET ADDRESS Miani, Florida 33193 Secretary / Director 1.4 CHY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE Adelma Cristina Orozco 3013 S.W. 150 Avenue 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Miani, Florida 33193 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 51 TILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 JIJLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDR :SS

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 pertify that the information indicared on this annual report or supplies that annual report is true and accurate and that my signa ure 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 change I, or on an attachment with an address, with all other like empowered

ADEL MA C. OROZ CO 4/3/99 305-3871-3893

6.4 CITY-ST-ZIP

(11/98)CR2E034