

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90227 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000100116

1. Corporation Name
BOCATERIA IBERICA, INC.

Principal Place of Business
1207 SW 131ST PLACE CIRLCE WEST
MIAMI FL 33184

Mailing Address
1207 SW 131ST PLACE CIRLCE WEST
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7296 SW 40 ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLA
Zip Country
24 33155 25 USA

2a. Mailing Address
26 7296 SW 40 ST
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLORIDA
Zip Country
29 33155 30 USA

3. Date Incorporated or Qualified
12/02/1998

4. FEI Number
65-0886664
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ESEVERRI, JOSE J
1207 SW 131ST PLACE CIRLCE WEST
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name
ESEVERRI JOSE J
82 Street Address (P.O. Box Number is Not Acceptable)
7296 SW 40 ST
83 MIAMI
84 City
FLORIDA FL 85 Zip Code
33155

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

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	D	1.1 TITLE	P
NAME	ESEVERRI, JOSE J	1.2 NAME	ESEVERRI JOSE J
STREET ADDRESS	1207 SW 131ST PLACE CIRLCE WEST	1.3 STREET ADDRESS	7296 SW 40 ST
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

SIGNATURE REQUIRED
JOSE J. ESEVERRI 4-6-99 (305) 266-5564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)