FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am P99000094357 Secrétary of State DOCUMENT # 1. Entity Name 07-09-2002 90373 026 ***550 00 MI MEXICO RESTAURANT OF HOLLYWOOD INC. Mailing Address Principal Place of Business 6059 JOHNSON STREET 6059 JOHNSON STREET HOLLYWOOD FL HOLLYWOOD FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0938057 Not Applicable \$8.75 Additional Country Zip, Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERESA BARRANTES Street Address (P.O. Box Number is Not Acceptable) 1323 N. 31 St. Rd. SALAZAR, MARIA 5806 JOHNSON STREET HOLLYWOOD FL 33021 Zip Code 33021 Hollywood 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Teresa Barrantes Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME BARRANTES, TERESA NAME STREET ADDRESS 1323 N. 31ST RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP ☐ Change X Addition TITLE VΡ Delete TITLE NAME TERESA BARRANTES SALÀZAR, MARIA NAME STREET ADDRESS 1323 N>81ST RD 1323 N. 31 ST.RD STREET ADDRESS CITY-ST-7IP HOŁLÝWOÓB-EL 33021 HOLLYWOOD, FL 33021 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS_ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ... CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

OR DIRECTOR

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

July 3, 2002

Daytime Phone #