

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90145 026 \*\*\*150.00

DOCUMENT # S07070

1. Corporation Name  
J.G.M. RESTAURANT GROUP, INC.

Principal Place of Business  
1961 SW 8TH STREET  
MIAMI F 33135  
US

Mailing Address  
1961 SW 8TH STREET  
MIAMI F 33135  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1990

4. FEI Number

65-0221734

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

2. Principal Place of Business

21 521 SW 8TH STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33130

Country

25 US

2a. Mailing Address

26 521 SW 8TH STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33130

Country

30 U.S.

9. Name and Address of Current Registered Agent

MARTINEZ, GUILLERMO  
1945 SW 8TH ST.  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

521 SW 8TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33130

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)

REGISTERED AGENT

1/16/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MARTINEZ, ERILLERMO  
STREET ADDRESS 435 SW 18 RD  
CITY-ST-ZIP MIAMI FL

TITLE VDT ☐ DELETE  
NAME MARTINEZ, MARIO  
STREET ADDRESS 1346 SEAGRAPE CIRCLE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD ☒ DELETE  
NAME GACHARNA, JAIME  
STREET ADDRESS 1961 SW 8 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MARTINEZ, GUILLERMO

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/16/99

(305) 858-1160

Date

Daytime Phone #

CR2E034 (11/98)

0200985