SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
97 OCT 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ~~ANNUAL REPORT~~ **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # **S18630** **(1)**

1. Corporation Name
LAPLAZA CAFE SPANISH CUISINE INCORPORATED

Principal Place of Business	Mailing Address
295 NORTH MAGNOLIA TALLAHASSEE FL 32301-2664	295 NORTH MAGNOLIA TALLAHASSEE FL 32301-2664

DO NOT WRITE IN THIS SPACE 10/28

3. Date Incorporated or Qualified: 12/14/1990	3a. Date of Last Report: 05/31/1996
4. FEI Number: 59-3045170	☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, HARRY H.
103 NORTH GADSDEN ST.
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: ALIRIO AGUILAR.
82 Street Address (P.O. Box Number is Not Acceptable): 1304 SOUTHERN DRIVE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32310

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] 8/11/97
Signature, typed or printed name of individual 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 ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~GUZMAN, ANGEL S.~~	1.2 NAME	ANGELA AGUILAR
STREET ADDRESS	~~RT. 6, BOX 8808~~	1.3 STREET ADDRESS	1304 SOUTHERN DRIVE
CITY-ST-ZIP	~~CRAWFORDVILLE FL~~	1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32310
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	000002333200-- 0
STREET ADDRESS		4.3 STREET ADDRESS	-10/29/97--01123--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE: [signature] 8/11/97 (904) 562-7400