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

STREET ADDRESS

FILED May 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9) EL TAQUITO RESTAURANT, INC. Mailing Address Principal Place of Business 10014 WEST FLAGLER ST. 10314 WEST FLAGLER ST. SWEETWATER FL 33174 SWEETWATER FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2648829 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes [] No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name GUERRERO, DIANA 10314 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33174** 83 64 City Zip Code 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 harve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 PD DELETE 1.1 TITLE Change ☐ Addition TITLE **GUERRERO. RIGOBERTO** 1.2 NAME NAME 441 N.W. 109TH AVE. #2 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition STD 21 TITLE TITLE NAME **G**UERRERO, DIANA R. 2.2 NAME 441 N.W. 109TH AVE #2 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE Сһалде Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 400002541694 -06/01/38--01016--044 6.2 NAME 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 supplied enter a made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the receiver of the exemption of the corporation of the receiver of the exemption of the corporation of the corpora

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mual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address.