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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of DIVISION OF CORPORATIONS

1998

DOCUMENT #

(0)

1. Corporation	on Name	" 3092	†' †	(9)					
LOS	GAUCHIT	OS PIZZA & REST	TAURANT CORI	Ρ.					
							i (Berial) b dan bidan karin bisad minan menangkaran		TIGU TITU TETI
Principal Place of Business Mailing Address								II ESBSE BIBSE	
4315 N.W. 7TH STREET 4315 N.W. 7TH STREET					Т				
#22 #22									
MIAMI FL 33126 MIAMI FL 33126								DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 07/29/1991		
2. Principal Place of Business 2a. Mailing Add							4. FEI Number		pplied For
21			26				65-0280502	<u> </u>	lot Applicable
Suite, Apt	#, etc.			Suite, Apt. #, etc.					Additional
22			27	27			5. Certificate of Status Desired		Required
City & Sta	te		City & State				6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added	to Fees
, Zip		Country	Zip		Country	•	8. This corporation owes or has paid the curr	_	~
24	o Namo	25	29		30 1				No
9. Name and Address of Current Registered Agent						Name	10. Name and Address of New Registered A	gent	
PETKOVICH, JOSE C.					81	740			
4315 N.W. 7TH ST÷ #22					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
-	122 11AMI FL 33	1106			83				
	MAINI FL 33	*							
					84	City	FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 						e-named co		changing :	its registered
office or i	registered ag	ent, or both, in the State	of Florida, Such characters of Section 60	ange was a	authorized by	the corpo	ration's board of directors. I hereby accept the appo	intment as	s registered
SIGNATURE	ATT TOUT THE	an and accept the cong	0.0000000000000000000000000000000000000	7.0000, 7 10	onda otatatos	•			
SIGNATURE	Signature, typed	or printed name of registered ag-	ent and title if applicable	TON)	E. Rogistered Age	nt signature re	quired when reinstating) DATE		
12.		OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	V. F. C. L. C. C. C.	Ш	DELETE	1.1 TITLE			L Change	Addition
NAME				1.2 NAME					
STREET ADDRESS	I DANGET					ADDRESS			
CITY-ST-ZIP	MIAMI FL SD			DELETE	1.4 CITY-ST-ZIP				
TITLE			DELETE	2.1 TITLE	ļ		Change	Addition	
NAME	PETKOVICH, MARIA E.				2.2 NAME				
STREET AODRESS	hat Reat Ma				2.3 STREET				
CITY - ST - ZIP	MINTAN	<u>re</u>	· · · · · · · · · · · · · · · · · · ·	DELETE	2.4 CITY - S 3.1 TITLE	T-ZIP		Change	Addition
NAME				DELLIL	3.2 NAME		,	Unange	
STREET ADORESS					3.3 STREET	4000000			
CITY-ST-ZIP					3.4, CITY-S				
TITLE		THE RESERVE OF THE PERSON OF T		DELETE	4.1 TITLE	1-2/1		Change	Addition
NAME			_		4. 2 NAME		•		
STREET AODRESS					4.3 STREET	ADDRESS			i
CITY-ST-ZIP					4.4 CITY - ST	F			
TITLE		•••••		DELETE	5.1 TITLE			Change	☐ Addition
NAME					5.2 NAME			-	
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY - ST - ZIP					5.4 CITY-ST				
TITLE				DELETE	6.1 TITLE			Change	Addition
NAME					6.2 NAME	Ì			İ
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 trusteed employed 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 for the receiver of trusteed employees. **SIGNATURE:**

FILED

Jan 29 1998 8:00am

Secretary of State