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

Mailing Address

KISSIMMEE FL 34744-4275

519 E VINE ST

PROFIT CORPORATION ANNIJAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S86157**

1. Corporation Name

Principal Place of Business

KISSIMMEE FL 34744-4275

519 E VINE ST

LA PLACITA LATINA, INC.

2. Principal Pl	ace of Business	2a.	2a. Mailing Address				4. FEI Number		Ap	plied For	
1		26	26				59-3084407		No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	. 🗆	\$8.75 A		
2		27					5. Certificate of States Desired		Fee Re	quired	
City & State	9		City & State				6. Election Campaign Financi	ng 🗆	\$5.00	May Be	
3		28					Trust Fund Contribution		Added t	o Fees	
Zip	Country	Country Zip Cou					8. This corporation owes the o	current year Inta			
4	25 29 30						Personal Property Tax.			No.	
	9. Name and Address of Current	ered Agent			10. Name and Address of Ne	w Registered A	Agent				
					1	Name					
BAEZ, MANUEL					82 Street Address (P.O. Box Number is Not Acceptable)						
2437 ROLLING BROOK DRIVE											
ORLANDO FL 32821					3						
					4				85 Zip C	`odo	
				8	4	City		FL	85 Zip C	Joue	
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 a		··		gent	signature required	when reinstating)	DATE OF THE PARTY	D DIDECTO	DO IN 42	
12.	OFFICERS AND	DIREC		13.	_		ADDITIONS/CHANGES TO	OFFICERS AN	☐ Change	Addition	
TITLE	PD		☐ DELETE	1.1 TITLE					Change		
NAME	BAEZ, MANUEL			1.2 NAM							
STREET ADDRESS	2437 ROLLING BROOK DRIVE			1.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			1.4 CITY	-ST-	-ZIP				- Daddistan	
TITLE	STD		☐ DELETE	2.1 TITLE	•				Change	☐ Addition	
NAME	ORTIZ, MIGUEL			2.2 NAM	E		•				
STREET ADDRESS	14874 LOVE EAGLE DR			2.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			2. 4 CfTY	-ST	-ZIP	<u> </u>				
TMLÉ	☐ DELETE 3.1			3.1 TITLE	=				Change	Addition	
NAME				3.2 NAM	E						
STREET ADDRESS				3.3 STRE	EΤ	ADDRESS					
CITY-ST-ZIP				3.4. CITY	-ST	-ZIP					
TITLE			☐ DELETE	4.1 TITLE	Ξ.				☐ Change	Addition	
NAME				4. 2 NAM	ŧΕ					}	
STREET ADDRESS				4.3 STR	EΤ	ADDRESS					
CITY-ST-ZIP				4.4 CITY	-ST-	- ZIP					
TITLE			☐ DELETE	5.1 TITLE	=				☐ Change	☐ Addition	
NAME				5.2 NAM	E						
STREET ADDRESS				5.3 STRE	EET	ADDRESS					
CITY-ST-ZIP				5.4 CITY	- ST-	-ZIP					
TITLE			☐ DELETE	6.1 TITLE	E		,		Change	☐ Addition	
NAME				6.2 NAM	E					ļ	
				6.3 STRE	EET	ADDRESS					
STREET ADDRESS				6.4 CITY						Ì	
CITY-ST-ZIP				0.4 0111	- 01	-	ii ata agraini Electe State	16.4	Construe Alexand		

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:

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90024 006 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/09/1991