FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V16592** **(0)**

1. Corporation Name
BIGOTE'S RESTAURANT, INC.

Principal Place of Business	Mailing Address
2201 S.W. 50TH AVENUE FT. LAUDERDALE FL 33317	2201 S.W. 50TH AVENUE FT. LAUDERDALE FL 33317

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 339 STATE RD 7
22 Suite, Apt. #, etc.
23 City & State: PLANTATION, FL
24 Zip: 33317
25 Country: BROWARD

2a. Mailing Address
26 339 STATE RD 7
27 Suite, Apt. #, etc.
28 City & State: PLANTATION FL
29 Zip: 33317
30 Country: BROWARD

4. FEI Number: 65-0313291 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MEDINA, LUIS
2201 S.W. 50TH AVENUE
FT. LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

81 Name: ARNULFO CHALA
82 Street Address (P.O. Box Number is Not Acceptable): 950 SW 30TH ST
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33315

11. Pursuant to the provisions of Section 607.0505 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] DATE: 5/29/96

Signature required from registered agent accepting appointment. Date required.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, LUIS 2201 S.W. 50TH AVENUE FT. LAUDERDALE FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, JUANA I. 2201 S.W. 50TH AVENUE FT. LAUDERDALE FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: PRESIDENT 3.2 NAME: GLORIA CALDERON 3.3 STREET ADDRESS: 950 SW 30TH 3.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gloria Calderon 5/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)