FROM :JACK TILLEM ESQ. TO :561 688 2451

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999 MESSAGE CONFIRMATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

MAY-

DOCUMENT # V17055

Aleyda's Mexican Restaurante Inc. NAME

FAX NUMBE

[redacted]

Principal Place of Business: 1890 Okeechobee Blvd W.P.B. Fl. 33409

Mailing Address: Same

FAX NUMBER : 13058875698

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-4-92

4. FEI Number: 65-0332877 — 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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business: ELAPSED TIME : 00'24

21 Suite, Apt. #, etc.

22 MODE : G3 S

23 City & State

24 Zip — 25 Country

RESULTS

2a. Mailing Address: Same

26 Suite, Apt. #, etc.

27 City & State

28 Zip — 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Aleyda Cardona

82 Street Address (P.O. Box Number Is Not Acceptable): 7626 Briarcliff Dr.

83 L.W.

84 City: Pla — FL — 85 Zip Code: 33467

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 regis[illegible] 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 fa[illegible] statutes.

SIGNATURE [illegible] (Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	7626 Briarcliff Dr
STREET ADDRESS	
CITY-ST-ZIP	L.W. Fl. 33467
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 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 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 co[illegible] 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 cha[illegible] like empowered.

SIGNATURE: Aleyda Cardona