

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2: 56

DOCUMENT # V38066 (9)

1. Corporation Name

LARIOS RESTAURANT MANAGEMENT, INC.

Principal Place of Business

% VALDES-FAULI COBB BISCHOFF & KRISS PA
2 S BISCAYNE BLVD STE 3400
MIAMI FL 33131-1897

Mailing Address

820 OCEAN DRIVE
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

03/29/1994

4. FEI Number

63-0336054

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HERNANDEZ-TORANO, JORGE L.
2 S BISCAYNE BLVD
STE 3400-ONE BISCAYNE TOWER
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
LARIOS, QUINTIN
10340 NW 46 TERRACE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD
LARIOS, MARIA T
10340 NW 46 TERRACE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SVPD
LARIOS, CARMEN
10340 NW 46 TERRACE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TVPD
LARIOS, JORGE
10340 NW 46 TERRACE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent 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:

Carmen Larios CARMEN LARIOS 01-31-95 (305) 532-9777

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number