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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61103

1. Corporation Name

LA LECHONERA RESTAURANT OF TAMPA, INC.

Prin	cipal Place of Busine	?
5601	n armenia ave.	

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90300 033 ***150.00



5601 N ARMEN TAMPA FL 3360		5601 N ARMENIA AVE. TAMPA FL 33603							
							ITE IN THIS S	PACE	
					3.	Date Incorporated or Qualifed	l		(
•						09/01/1992			1
2 Principal P	lace of Business	2a, Mailing Address			4.	FEI Number		Ar	plied For
		26				59-3141025		No	ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.	_			OU CITIOEO			Additional
—	#, etc.				5.	Certifcate of Status Desired		· · · · · ·	equired
22		27							
City & Stat	le	City & State			6.	Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry	8.	This corporation owes the cur			_
24	25	29	30			Personal Property Tax.		☐ Yes	□No
•	g, Name and Address of Curren	t Registered Agent			10.	Name and Address of New	Registered A	gent	
				81 Nar	me				
MEL	ENDEZ, LUCY								
	31 SPANISH LAKE DR			82 Stre	eet Address (F	O. Box Number is Not Accept	table)		
	PA FL 33635			83					
IAN	I A I E 30000			63					
			ŀ	84 City	·			85 Zip	Code
			1				FL	.	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-nam	ned corporation	n submits this statement for the	purpose of c	hanging its	registered
office or r	registered agent or both, in the State am familiar with and accept the obliga	of Florida. Such change was a	uthorized	by the co	orporation's be	pard of directors. I hereby acce	ept the appoin	tment as re	egistered
agent. I a	im familiar with and accept the obliga	tions of Section 607.0505_Flo	nda Statu	ites.		-	2 20 C C		
SIGNATURE(Deling /h						3-29-90 DATE	i	
	Structure, typed or print name of registered ager		Ť	Agent signati	ture required when r			NUCCOTO	NDC 141 42
12.	OFFICERS AN		13			ADDITIONS/CHANGES TO OF	-FICERS AND	☐ Change	Addition
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NAME	MELENDEZ, ELIBERTO		1.2 NA	ME.					}
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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 or an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-29-99

Daylime Phone #