

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

**APPROVED  
AND  
FILED**

1995 APR 28 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 548929 (9)**

1. Corporation Name  
**ISLAS CANARIAS RESTAURANT, INC.**

Principal Place of Business      Mailing Address

1036 S.W. 1 ST.  
MIAMI FL 33130-1009

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MIAMI FL 33130-1009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/11/1977**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1772256**      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 alternative tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. **1036 S.W. 1 ST.**      2a. Mailing Address

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.

23. **MIAMI FLORIDA**      28. City & State

24. **33130**      25. **US**      29.      30.

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC.**  
1036 S.W. 1 ST.  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name: **FLORIDA ANNUAL REPORT SERVICES INC.**

82. Street Address (P.O. Box Number is Not Acceptable): **1036 S.W. 1 ST.**

83.      .

84. City: **MIAMI**      85. Zip Code: **FL 33130**

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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA C. LOPEZ, PRES**      DATE: **4/95**

Signature (typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when mandated)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>GARCIA, SANTIAGO</b>
STREET ADDRESS	<b>3220 SW 139TH AVE.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>DST</b>
NAME	<b>GARCIA, JESUS</b>
STREET ADDRESS	<b>68141 SW 38TH ST.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>700001475027</b>
2.4 CITY, ST, ZIP	<b>-05/04/95--01014--003</b>
	<b>****200.00      ****200.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>[Signature]</i>
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 executor 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: *[Signature]* **SANTIAGO GARCIA**      DATE: **4/95**

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