

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

**APPROVED  
AND  
FILED**

**98 APR -1 AM 9:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 548929 (9)**

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



Principal Place of Business <b>2300 CORAL WAY #200 MIAMI FL 33145</b>	Mailing Address <b>2300 CORAL WAY #200 MIAMI FL 33145</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business <b>21</b> 2300 CORAL WAY	<b>2a</b> Mailing Address <b>26</b> 2300 CORAL WAY
Suite, Apt. #, etc. <b>22</b> SUITE # 200	Suite, Apt. #, etc. <b>27</b> SUITE # 200
City & State <b>23</b> MIAMI, FLORIDA	City & State <b>28</b> MIAMI, FLORIDA
Zip <b>24</b> 33145	Country <b>25</b> US
Zip <b>29</b> 33145	Country <b>30</b> US

<b>3</b> Date Incorporated or Qualified <b>10/11/1977</b>		
<b>4</b> FEI Number <b>59-1772256</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES INC**  
**2300 CORAL WAY**  
**#200**  
**MIAMI FL 33145**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0507 and 607.1506, 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]* **AMADA CANTERA LOPEZ - PRES.** **3/26/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, SANTIAGO	
STREET ADDRESS	2025 S.W. 142 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GARCIA, JESUS	
STREET ADDRESS	68141 SW 38TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>400002476964--4</b>
<b>-04/02/98--01074--005</b>
<b>****150.00 ****150.00</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

*[Handwritten: null]*

**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 on an attachment with an address.

SIGNATURE: *[Signature]* **2/10/98**

CR2E034 (10/97)