

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

APPROVED
AND
FILED

99 APR -9 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 548929

1. Corporation Name
ISLAS CANARIAS RESTAURANT, INC.

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc

22 SUITE # 200

City & State

23 MIAMI FLORIDA

Zip Country

24 33145 25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc

27 SUITE # 200

City & State

28 MIAMI FLORIDA

Zip Country

29 33145 30 U.S.

9. Name and Address of Current Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]*
OFFICERS AND DIRECTORS

AMADA CANTERA LOPEZ, PRES

PROF. Registered Agent

3/29/99

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME PD GARCIA, SANTIAGO
STREET ADDRESS 2025 S.W. 142 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE [] DELETE

NAME DST GARCIA, JESUS
STREET ADDRESS 68141 SW 38TH ST.
CITY-ST-ZIP MIAMI FL

TITLE [] DELETE

TITLE [] DELETE

TITLE [] DELETE

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TITLE [] DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LESIS GARCIA, ATBC



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1977
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 owes the current year Intangible Personal Property Tax: [] Yes [] No
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 11 TITLE [] Change [] Address
- 12 NAME
- 13 STREET ADDRESS
- 14 CITY-ST-ZIP
- 21 TITLE [] Change [] Address
- 22 NAME
- 23 STREET ADDRESS
- 24 CITY-ST-ZIP
- 31 TITLE [] Change [] Address
- 32 NAME
- 33 STREET ADDRESS
- 34 CITY-ST-ZIP
- 41 TITLE [] Change [] Address
- 42 NAME
- 43 STREET ADDRESS
- 44 CITY-ST-ZIP
- 51 TITLE [] Change [] Address
- 52 NAME
- 53 STREET ADDRESS
- 54 CITY-ST-ZIP
- 61 TITLE [] Change [] Address
- 62 NAME
- 63 STREET ADDRESS
- 64 CITY-ST-ZIP

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3/10/99

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