

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K58451
 1. Corporation Name
LA PALMA RESTAURANT NO. 2 INC.

Principal Place of Business % FELIPE A. VALLS 700 SW 36TH AVE MIAMI FL 33135	Mailing Address % FELIPE A. VALLS 700 SW 36TH AVE MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3663 S.W. 8th Street Suite, Apt. #, etc. 22 Third Floor City & State 23 MIA FL Zip 24 33135	2a. Mailing Address 26 3663 S.W. 8th Street Suite, Apt. #, etc. 27 Third Floor City & State 28 MIA FL Zip 29 33135	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 01/13/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0224246	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
VALLS, FELIPE A.
700 SW 36TH AVE
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name VALLS, FELIPE A.
82 Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8th Street Third Floor
83
84 City MIAMI
85 State FL
86 Zip Code 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A.	
STREET ADDRESS	700 SW 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TORRES DENAVARRA, CARLOS	
STREET ADDRESS	700 S.W. 36TH AVE.	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALLS, FELIPE A.	
1.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor	
1.4 CITY-ST-ZIP	Miami, FL 33135	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TORRES DE NAVARRA, CARLOS	
2.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor	
2.4 CITY-ST-ZIP	Miami, FL 33135	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Carlos Torres de Navarra SECRETARY CARLOS TORRES DE NAVARRA 2/1/99 (305) 446-4911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)