

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L56137 (7)
 1. Corporation Name
CARNE ASADA GRAN HOTEL, INC.



Principal Place of Business: **ONE S.W. 12TH AVENUE MIAMI FL 33130**
 Mailing Address: **ONE S.W. 12TH AVENUE MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	03/09/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0204989	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing	
23	Zip	28	Zip	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARCIA, FRANCISCO ONE S.W. 125H AVENUE MIAMI FL 33130				81 Name Conception Hernandez			
				82 Street Address (P.O. Box Number is Not Acceptable) 5745 SW 5TH			
				83			
				84 City Miami			
				FL 85 Code 33145			

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: *Conception Hernandez* DATE: 2/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPD	1.1 TITLE	P, D, T
NAME	HERNANDEZ, CONCEPTION	1.2 NAME	
STREET ADDRESS	5745 SW 5TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	S
NAME		2.2 NAME	JACQUELINE GARCIA
STREET ADDRESS		2.3 STREET ADDRESS	5745 SW 5TH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2/17/98

CR2E034 (10/97)