


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 013 ***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 # M15362
 1. Corporation Name
BAHIA RESTAURANT INC.

Principal Place of Business 700 SW 36TH AVE. MIAMI FL 33135	Mailing Address 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 Miami, FL Zip 24 33135	2a. Mailing Address 26 3663 S.W. 8th Street Suite, Apt. #, etc. 27 Third Floor City & State 28 Miami, FL Zip 29 33135	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 05/13/1985	Applied For Not Applicable
4. FEI Number 59-2739646	
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 Zip Code	FL 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	DS	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A., SR.	
STREET ADDRESS	700 SW 36TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A., JR.	
STREET ADDRESS	700 S.W. 36 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

11 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VALLS, FELIPE A., SR.	
13 STREET ADDRESS	3663 S.W. 8th Street 3rd Floor	
14 CITY-ST-ZIP	Miami, FL 33135	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VALLS, FELIPE A., JR.	
23 STREET ADDRESS	3663 S.W. 8th Street, 3rd. Floor	
24 CITY-ST-ZIP	Miami, FL 33135	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Felipe A. Valls, Jr. PRES: FELIPE A. VALLS, JR. (305) 446-4916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)