

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M19948** (2)

1. Corporation Name
LA DORADA RESTAURANT INC. ✓



Principal Place of Business: % FELIPE A. VALLS, 700 S.W. 36TH AVE., MIAMI FL 33135
Mailing Address: % FELIPE A. VALLS, 700 S.W. 36TH AVE., MIAMI FL 33135

3. Date Incorporated or Qualified: **08/23/1985**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **65-0224211**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1	DP VALLS, FELIPE A., SR. 833 CORAL WAY CORAL GABLES FL	<input type="checkbox"/> DELETE
2	S VALLS, FELIPE A., JR. 700 SW 36TH AVENUE MIAMI FL	<input type="checkbox"/> DELETE
3		<input type="checkbox"/> DELETE
4		<input type="checkbox"/> DELETE
5		<input type="checkbox"/> DELETE
6		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	12 NAME	
3	13 STREET ADDRESS	
4	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	22 NAME	
7	23 STREET ADDRESS	
8	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	32 NAME	
11	33 STREET ADDRESS	
12	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	42 NAME	
15	43 STREET ADDRESS	
16	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	52 NAME	
19	53 STREET ADDRESS	
20	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	62 NAME	
23	63 STREET ADDRESS	
24	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Felipe A. Valls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FELIPE A. VALLS**
PRESIDENT 2/12/96 305-446-4914

CR2E034 (12/95)