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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 036 ***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 # M22671
 1. Corporation Name
LA CARRETA RESTAURANT V, 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 10/30/1985	4. FEI Number 59-2594864	Applied For <input type="checkbox"/> Not Applicable
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 S.W. 36 ST.
MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD VALLS, FELIPE A., SR 3663 S.W. 8th Street Third Floor Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S VALLS, FELIPE A., JR 3663 S.W. 8th Street Third Floor Miami, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **FELIPE A. VALLS JR SECRETARY** 2/1/99 (305) 446-4916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)