Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 011 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M53683

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

GUAYACAN RESTAURANT INC.

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Principal Place	of Business	Mailing Address				1 (40:00: 141 41:00 71:11	2.427 (0.00 /// 0.00		
1933 SW 8 STF	REET	1933 SW 8 STREET							
MIAMI FL 33135	5 '	MIAMI FL 33135	MIAMI FL 33135			DO NOT WRITE IN THIS SPACE			
			•			3. Date Incorporated or Qu		301700	7
						06/11/1987	zameo	,	Į.
2 Dala sin al Di	lana of Dunia and	2a. Mailing Address				4. FEI Number			oplied For
_ `	lace of Business	<b>⊢</b> •						·	ot Applicable
21	44	26 Suita Apt # etc				65-0013936			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Des	Fee Required		
City & State	<u> </u>	27				6 Flating Compoint Fine	ncina	\$5.00	May Be
City & State	<b>e</b>	— ·				6. Election Campaign Fina Trust Fund Contribution	*		to Fees
23   Zip .	Country	Zip	Cou	untry		8. This corporation owes t			
<b>─</b> `		<del> </del> 1	30			Personal Property Tax.	ie current year in	∐.Yes	₩ No
24	9. Name and Address of Current	29 29 Anont	[30]			10. Name and Address of	New Registered		
	5. Name and Address of Current	r Madiara on Manu		81	Name	Total Visition and Control of the Co			
MAR	ROUEZ, JOSE M.								
	N.W. LEJEUNE RD.			82	Street Addre	ess (P.O. Box Number is Not /	Acceptable)		
S-40	•••••			83		<u> </u>			
	MI FL								
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office or re	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was a	authorized	d by th	ne corporatio	n's board of directors. I hereb	y accept the appo	intment as re	egisterea
SIGNATURE	Signature, typed or printed name of registered agen				signature required	d when reinstating)	DATE		
-	·	t and title if applicable. (NOTI			signature required	d when reinstating)  ADDITIONS/CHANGES		ND DIRECTO	
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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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**