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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000062310 (3)
1. Corporation Name
EL PARIAN, INC.



Principal Place of Business: **1218 N MAIN STREET GAINESVILLE FL 32601**
Mailing Address: **1218 N MAIN STREET GAINESVILLE FL 32601-4370**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1996	3a. Date of Last Report FIRST REPORT
21. Suite, Apt. # etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3376935	Applied For <input type="checkbox"/> Not Applicable
22. City & State SAME	27. City & State SAME	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AISPURO, JOSE I
1218 N MAIN STREET
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81. Name JORGE A. AVINA
82. Street Address (P.O. Box Number is Not Acceptable) 1218 N MAIN STREET
83. City GAINESVILLE, FL
84. Zip Code 32601

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: **Jorge A. Avina** **JORGE A. AVINA PRESIDENT** **4-26-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME JOSE I. AISPURO	
STREET ADDRESS 1957 NW 31ST AVE	
CITY-ST-ZIP GAINESVILLE, FL 32601	
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	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JORGE A. AVINA	
1.3 STREET ADDRESS 1160 NE 9TH ST.	
1.4 CITY-ST-ZIP GAINESVILLE, FL 32601	
2.1 TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME RAFAEL AGUAYO	
2.3 STREET ADDRESS 114 WOODLAND DR.	
2.4 CITY-ST-ZIP BYRON, GA 31008	
3.1 TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME JOSE DE JESUS AGUAYO	
3.3 STREET ADDRESS 106 CHERRYWOOD CT.	
3.4 CITY-ST-ZIP WARNER ROBINS, GA 31088	
4.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ANTONIO M. LEON	
4.3 STREET ADDRESS 106 WOODFIELD DR.	
4.4 CITY-ST-ZIP WARNER ROBINS, GA 31088	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Antonio M. Leon** **ANTONIO M. LEON** **4/26/97** **(352) 335-7292**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (9/96)