

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90061 046 ***158.75

0274648

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091150

1. Corporation Name
HOT DOG TROPICAL, INC.



Principal Place of Business 10662 FONTAINEBLEAU BLVD MIAMI FL 33172 US	Mailing Address 10662 FONTAINEBLEAU BLVD MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1996	
21		26		4. FEI Number 65-0734575	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country		

9. Name and Address of Current Registered Agent FARIA, LISSETTE 9731 FONTAINEBLEU BLVD. #109 MIAMI FL 33172				10. Name and Address of New Registered Agent			
				81 Name	<input checked="" type="checkbox"/> Miguel A. Rivas		
				82 Street Address (P.O. Box Number is Not Acceptable)	10662 Fontainebleau Blvd.		
				83			
				84 City	FL	85 Zip Code	33172
				Miami			

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: *[Signature]* DATE: March 23, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARIA, LISSETTE			1.2 NAME	RIVAS, Miguel A.		
STREET ADDRESS	9731 FONTAINEBLEU BLVD. #109			1.3 STREET ADDRESS	10662 Fontainebleau Blvd.		
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVAS, MIGUEL A			2.2 NAME	FARIA, Oscar		
STREET ADDRESS	11257 NW 62 TERR			2.3 STREET ADDRESS	10662 Fontainebleau Blvd.		
CITY-ST-ZIP	MIAMI FL 33178			2.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: *[Signature]* DATE: March 23, 1999 (305) 793-4207

CR2E034-(11/99)