

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

FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 447652 (9)
1. Corporation Name
LOS CUBANOS DE GOYA, INC.



Principal Place of Business
1510 S W 8TH ST.
MIAMI FL 33135

Mailing Address
1510 S W 8TH ST.
MIAMI FL 33135-5219

3. Date Incorporated or Qualified
03/14/1974

3a. Date of Last Report
02/08/1996

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country

4. FEI Number
59-1515528

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent
RODRIGUEZ-SARABIA, ROBERTO
1000 PONCE DE LEON BLVD.
#300
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
ANTONIO E. ALONSO, ESO.
82 Street Address (P.O. Box Number is Not Acceptable)
1699 Coral Way, Suite 315
83
84 City
Miami FL 85 Zip Code
33145

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORO, JUAN M	
STREET ADDRESS	2372 SW 16TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HELIODORO, CORO	
STREET ADDRESS	4519 S.W. 1 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CORO, MARIA TERESA	
STREET ADDRESS	4519 SW 1ST ST	
CITY - ST - ZIP	MIAMI FL	
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	D/ VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORO, JUAN M.	
1.3 STREET ADDRESS	2372 S.W. 16th Terrace	
1.4 CITY - ST - ZIP	Miami, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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: _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)