

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

FILED

**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F55329 (9)

1. Corporation Name
EL COLADITO CORP.



Principal Place of Business 1837 S.W. 8 ST MIAMI FL 33135 US	Mailing Address 1837 S.W. 8 ST MIAMI FL 33135-3417 US
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3. Date Incorporated or Qualified 11/19/1981	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
4. FEI Number 59-2131350	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 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 DIAZ, PAZ 1837 S.W. 8 ST MIAMI FL 33135		10. Name and Address of New Registered Agent 81 Name PAZ SANCHEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1837 S.W. 8 ST. 83 84 City MIAMI FL 85 Zip Code 33135	
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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)* **PAZ SANCHEZ** DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	NAME DIAZ, PAZ	1.1 TITLE PT	1.2 NAME PAZ SANCHEZ
STREET ADDRESS 1837 S.W. 8 ST	CITY-ST-ZIP MIAMI FL 33135	1.3 STREET ADDRESS 1837 SW 8 ST.	1.4 CITY-ST-ZIP MIAMI FL 33135
TITLE VPS	NAME GIRON, MARGARITA	2.1 TITLE	2.2 NAME
STREET ADDRESS 1837 S.W. 8 ST.	CITY-ST-ZIP MIAMI FL 33135	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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: *(Signature)* **PAZ SANCHEZ** DATE: _____ Daytime Phone #: _____

CR2E034 (9/96)