

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

FILED
May 05 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 # F86631 (1)
 1. Corporation Name
CAFE ESTRELLA INC.



Principal Place of Business
8080 N.W. 58TH ST. MIAMI FL 33166

Mailing Address
8080 N.W. 58TH ST. MIAMI FL 33166-3403

3. Date Incorporated or Qualified
06/23/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
59-2201024

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
ANA S. VILA
520 BILTMORE WAY
SUITE 400
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8080 N.W. 58th Street
 83
 84 City **Miami** FL 85 Zip Code **33166**

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 _____ (NOT! Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	SOUTO, JOSE A.	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/>
NAME	SOUTO, JOSE E.	
STREET ADDRESS	9375 BALADA STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/>
NAME	SOUTO, JOSE ALBERTO	
STREET ADDRESS	565 MARQUESA DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/>
NAME	SOUTO, ANGEL L.	
STREET ADDRESS	625 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/>
NAME	SOUTO, HAYDEE	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/>
NAME	JOSE ANGEL SOUTO	
STREET ADDRESS	605 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Jose Souto* 4/25/97 305-594-9039

CR2E034 (9/96)