

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

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Mar 10, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G93196

1. Corporation Name  
LA CARRETA RESTAURANT IV, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
700 SW 36 AVE  
700 SW 36 AVE.  
MIAMI FL 33135

Mailing Address  
700 SW 36 AVE  
700 SW 36 AVE.  
MIAMI FL 33135

|                                                                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/26/1984</b>                                                                                          |                                                        |
| 4. FEI Number<br><b>59-2422085</b>                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                       | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                 | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

2. Principal Place of Business  
21 3663 S.W. 8th Street

2a. Mailing Address  
26 3663 S.W. 8th Street

Suite, Apt. #, etc.  
22 Third Floor

Suite, Apt. #, etc.  
27 Third Floor

City & State  
23 MIAMI FL

City & State  
28 MIAMI FL

Zip Country  
24 33135 25 USA

Zip Country  
29 33135 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLS, FELIPE A.  
700 SW 36TH AVENUE  
MIAMI FL 33135

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| 81 Name<br>VALLS, FELIPE A.                                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>3663 S.W. 8th Street Third Floor |
| 83                                                                                        |
| 84 MIAMI FL 85 33135                                                                      |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                 |
|----------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE                                             | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VALLS, FELIPE A.                   | 1.2 NAME                                              | VALLS, FELIPE A.                                                                |
| STREET ADDRESS             | 700 SW 36TH AVE                    | 1.3 STREET ADDRESS                                    | 3663 S.W. 8th Street Third Floor                                                |
| CITY-ST-ZIP                | MIAMI FL                           | 1.4 CITY-ST-ZIP                                       | Miami, FL 33135                                                                 |
| TITLE                      | S <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | VALLS, FELIPE, A, JR               | 2.2 NAME                                              | VALLS, FELIPE A, JR                                                             |
| STREET ADDRESS             | 700 SW 36TH AVE                    | 2.3 STREET ADDRESS                                    | 3663 S.W. 8th Street Third Floor                                                |
| CITY-ST-ZIP                | MIAMI FL                           | 2.4 CITY-ST-ZIP                                       | Miami, FL 33135                                                                 |
| 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)(l), 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: Felipe A. Valls, Jr FELIPE A. VALLS, JR SECRETARY 2/1/99 (305) 446-4916  
Date Daytime Phone #

CR2E034 (11/98)