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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H65617

Corporation Name
REGINA'S OF MIAMI, INC.

Principal Place of Business

116-118 N.E. 3RD AVE.
MIAMI FL 33132

Mailing Address

116-118 N.E. 3RD AVE.
MIAMI FL 33132

Amended
Return

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P	LACAYO, REGINA	<input checked="" type="checkbox"/> DELETE
ST-ADDRESS	116 NE 3RD AVE	
ST-ZIP	MIAMI FL	
VP	LACAYO, ARGENTINA	<input checked="" type="checkbox"/> DELETE
ST-ADDRESS	116 NE 3RD AVE	
ST-ZIP	MIAMI	
VP	LACAYO, MANUEL	<input checked="" type="checkbox"/> DELETE
ST-ADDRESS	116 NE 3RD AVE	
ST-ZIP	MIAMI FL	
S	SAENZ, JAIME	<input checked="" type="checkbox"/> DELETE
ST-ADDRESS	116 NE 3RD AVE	
ST-ZIP	MIAMI FL	
A	ALEJANDRO LACAYO	<input type="checkbox"/> DELETE
ST-ADDRESS	116 NE 3RD AVE	
ST-ZIP	MIAMI FL 33132	
		<input type="checkbox"/> DELETE
ST-ADDRESS		
ST-ZIP		

1.1 TITLE	800003328048	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE	
1.3 STREET ADDRESS	DELETE	
1.4 CITY-ST-ZIP	DELETE	
2.1 TITLE	800003328048	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE	
2.3 STREET ADDRESS	DELETE	
2.4 CITY-ST-ZIP	DELETE	
3.1 TITLE	DELETE	
3.2 NAME	DELETE	
3.3 STREET ADDRESS	DELETE	
3.4 CITY-ST-ZIP	DELETE	
4.1 TITLE	DELETE	
4.2 NAME	DELETE	
4.3 STREET ADDRESS	DELETE	
4.4 CITY-ST-ZIP	DELETE	
5.1 TITLE	President - Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DELETE	
5.3 STREET ADDRESS	DELETE	
5.4 CITY-ST-ZIP	DELETE	
6.1 TITLE	DELETE	
6.2 NAME	DELETE	
6.3 STREET ADDRESS	DELETE	
6.4 CITY-ST-ZIP	DELETE	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (1/198)

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