


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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # L35914 (5)**

1. Corporation Name  
**HIALEAH RESTAURANT, INC.**



Principal Place of Business <b>2750 W 68TH ST BAY 114 HIALEAH FL 33016-5446</b>	Mailing Address <b>2750 W 68TH ST BAY 114 HIALEAH FL 33016-5446</b>
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/11/1989</b>	3a. Date of Last Report <b>08/06/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2982187</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	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 <b>BUCUYLIMA, JULIO C. 778 NW 103RD TER PEMBROKE PINE FL 33026</b>	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
---	--

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BACUYLIMA, JULIO C. 778 NW 103RD TER PEMBROKE PINES FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD BACUYLIMA, LUZ M. 778 NW 103RD TERR. PEMBROKE PINES FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DV RODRIGUEZ, ANDRES 778 NW 103RD TERR. PEMBROKE PINES FL	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		15. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		18. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		19. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		22. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 4/17/97 DAYTIME PHONE #: 862-9139

CR2E034 (9/96)