

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90102 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 38675 1. Corporation Name LAS AMERICAS RESTAURANT INC.			
Principal Place of Business 450 LINCOLN Rd. MIAMI BEACH, FL. 33139		Mailing Address 450 LINCOLN Rd. MIAMI BEACH, FL. 33139	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 12/21/89		4. FEI Number 65-0175430	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent GARCIA, YVONNE 450 LINCOLN Rd. MIAMI BEACH, FL. 33139		10. Name and Address of New Registered Agent 01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City FL 05. 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 Signature typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when no listed rep.) DATE			
12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-ST-ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-ST-ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-ST-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-ST-ZIP 12.20 TITLE 12.21 NAME 12.22 STREET ADDRESS 12.23 CITY-ST-ZIP 12.24 TITLE 12.25 NAME 12.26 STREET ADDRESS 12.27 CITY-ST-ZIP 12.28 TITLE 12.29 NAME 12.30 STREET ADDRESS 12.31 CITY-ST-ZIP 12.32 TITLE 12.33 NAME 12.34 STREET ADDRESS 12.35 CITY-ST-ZIP 12.36 TITLE 12.37 NAME 12.38 STREET ADDRESS 12.39 CITY-ST-ZIP 12.40 TITLE 12.41 NAME 12.42 STREET ADDRESS 12.43 CITY-ST-ZIP 12.44 TITLE 12.45 NAME 12.46 STREET ADDRESS 12.47 CITY-ST-ZIP 12.48 TITLE 12.49 NAME 12.50 STREET ADDRESS 12.51 CITY-ST-ZIP 12.52 TITLE 12.53 NAME 12.54 STREET ADDRESS 12.55 CITY-ST-ZIP 12.56 TITLE 12.57 NAME 12.58 STREET ADDRESS 12.59 CITY-ST-ZIP 12.60 TITLE 12.61 NAME 12.62 STREET ADDRESS 12.63 CITY-ST-ZIP 12.64 TITLE 12.65 NAME 12.66 STREET ADDRESS 12.67 CITY-ST-ZIP 12.68 TITLE 12.69 NAME 12.70 STREET ADDRESS 12.71 CITY-ST-ZIP 12.72 TITLE 12.73 NAME 12.74 STREET ADDRESS 12.75 CITY-ST-ZIP 12.76 TITLE 12.77 NAME 12.78 STREET ADDRESS 12.79 CITY-ST-ZIP 12.80 TITLE 12.81 NAME 12.82 STREET ADDRESS 12.83 CITY-ST-ZIP 12.84 TITLE 12.85 NAME 12.86 STREET ADDRESS 12.87 CITY-ST-ZIP 12.88 TITLE 12.89 NAME 12.90 STREET ADDRESS 12.91 CITY-ST-ZIP 12.92 TITLE 12.93 NAME 12.94 STREET ADDRESS 12.95 CITY-ST-ZIP 12.96 TITLE 12.97 NAME 12.98 STREET ADDRESS 12.99 CITY-ST-ZIP 12.100 TITLE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME 13.2 STREET ADDRESS 13.3 CITY-ST-ZIP 13.4 TITLE 13.5 NAME 13.6 STREET ADDRESS 13.7 CITY-ST-ZIP 13.8 TITLE 13.9 NAME 13.10 STREET ADDRESS 13.11 CITY-ST-ZIP 13.12 TITLE 13.13 NAME 13.14 STREET ADDRESS 13.15 CITY-ST-ZIP 13.16 TITLE 13.17 NAME 13.18 STREET ADDRESS 13.19 CITY-ST-ZIP 13.20 TITLE 13.21 NAME 13.22 STREET ADDRESS 13.23 CITY-ST-ZIP 13.24 TITLE 13.25 NAME 13.26 STREET ADDRESS 13.27 CITY-ST-ZIP 13.28 TITLE 13.29 NAME 13.30 STREET ADDRESS 13.31 CITY-ST-ZIP 13.32 TITLE 13.33 NAME 13.34 STREET ADDRESS 13.35 CITY-ST-ZIP 13.36 TITLE 13.37 NAME 13.38 STREET ADDRESS 13.39 CITY-ST-ZIP 13.40 TITLE 13.41 NAME 13.42 STREET ADDRESS 13.43 CITY-ST-ZIP 13.44 TITLE 13.45 NAME 13.46 STREET ADDRESS 13.47 CITY-ST-ZIP 13.48 TITLE 13.49 NAME 13.50 STREET ADDRESS 13.51 CITY-ST-ZIP 13.52 TITLE 13.53 NAME 13.54 STREET ADDRESS 13.55 CITY-ST-ZIP 13.56 TITLE 13.57 NAME 13.58 STREET ADDRESS 13.59 CITY-ST-ZIP 13.60 TITLE 13.61 NAME 13.62 STREET ADDRESS 13.63 CITY-ST-ZIP 13.64 TITLE 13.65 NAME 13.66 STREET ADDRESS 13.67 CITY-ST-ZIP 13.68 TITLE 13.69 NAME 13.70 STREET ADDRESS 13.71 CITY-ST-ZIP 13.72 TITLE 13.73 NAME 13.74 STREET ADDRESS 13.75 CITY-ST-ZIP 13.76 TITLE 13.77 NAME 13.78 STREET ADDRESS 13.79 CITY-ST-ZIP 13.80 TITLE 13.81 NAME 13.82 STREET ADDRESS 13.83 CITY-ST-ZIP 13.84 TITLE 13.85 NAME 13.86 STREET ADDRESS 13.87 CITY-ST-ZIP 13.88 TITLE 13.89 NAME 13.90 STREET ADDRESS 13.91 CITY-ST-ZIP 13.92 TITLE 13.93 NAME 13.94 STREET ADDRESS 13.95 CITY-ST-ZIP 13.96 TITLE 13.97 NAME 13.98 STREET ADDRESS 13.99 CITY-ST-ZIP 13.100 TITLE	
14. 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 as an attachment with an address.			
SIGNATURE: Yvonne Garcia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 3/12/99 DATE	

CR05034 (10/97)