

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L45233 (8)

1. Corporation Name

EL VASQUITO, INC.

Principal Place of Business

Mailing Address

1272 N MILITARY TR
WEST PALM BEACH FL 33409
US

P O BOX 18914
WEST PALM BEACH FL 33416



3. Date Incorporated or Qualified
01/26/1990

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0176093

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

10. Name and Address of New Registered Agent

HERNANDEZ, LANA C.
12780 TIMBER PINE TRAIL
WEST PALM BEACH FL 33414

81 Name

HERNANDEZ LANA C.

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

4414 CONSTANTINE CIRCLE

83

84 City

West P. Beach

FL

85 Zip Code

33463

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 607.0506, Florida Statutes.

SIGNATURE *Lana C Hernandez*
Signature, typed or printed name, of registered agent and title if applicable

Lana C Hernandez DVST
(NOTE: Registered Agent's signature required when reinstating)

6/6/96
(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HERNANDEZ, JULIO H.
STREET ADDRESS 12780 TIMBER PINE TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DVST
NAME HERNANDEZ, LANA C.
STREET ADDRESS 12780 TIMBER PINE TRAIL
CITY-ST-ZIP WEST PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP
1.2 NAME HERNANDEZ JULIO H.
1.3 STREET ADDRESS 4414 CONSTANTINE CIRCLE
1.4 CITY-ST-ZIP W P B FLA 33463

2.1 TITLE DVST
2.2 NAME HERNANDEZ LANA C.
2.3 STREET ADDRESS 4414 CONSTANTINE CIRCLE
2.4 CITY-ST-ZIP W P B FLA 33463

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julio Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 *561* *346-4625*
Date Daytime Phone #

CR2E034 (3/96)