


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L45233** (8)
1. Corporation Name
EL VASQUITO, INC.



Principal Place of Business 1322 N MILITARY TRAIL WEST PALM BEACH FL 33409 US	Mailing Address PO BOX 18914 WEST PALM BEACH FL 33416 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4414 Constantine Cir Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 18914 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/26/1990	
City & State 23 Greenacres Fla. Zip 24 33463		City & State 28 WEST PALM BEACH FLA. Zip 29 33416		4. FEI Number 65-0176093	
Country 25 U.S.A.		Country 30 U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HERNANDEZ, LANTA C
4414 CONSTAUTINE CIRCLE
WEST PALM BEACH FL 33463**

10. Name and Address of New Registered Agent

81 Name HERNANDEZ LANA C
82 Street Address (P.O. Box Number is Not Acceptable) 4414 Constantine Circle
83
84 City Greenacres
85 Zip Code FL 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME HERNANDEZ, JULIO	
STREET ADDRESS 4414 CONSTANTINE CIRCLE	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE DVST	<input type="checkbox"/> DELETE
NAME HERNANDEZ, LUS	
STREET ADDRESS 4414 CONSTATINE CIRCLE	
CITY-ST-ZIP LAKE WORTH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HERNANDEZ JULIO	
1.3 STREET ADDRESS 4414 Constantine Circle	
1.4 CITY-ST-ZIP Greenacres Florida 33463	
2.1 TITLE DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HERNANDEZ LANA C.	
2.3 STREET ADDRESS 4414 Constantine Circle	
2.4 CITY-ST-ZIP Greenacres Fla. 33463	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *Julio Hernandez*

1/31/98

(561) 687-9290

CR2E034 (10/97)