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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90018 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L69758

1. Corporation Name
PLAZA CAFETERIA, INC.



Principal Place of Business EUGENIO GONZALEZ LORENZO GONZALEZ 1515 NW 167TH ST NORTH MIAMI BEACH FL 33169	Mailing Address EUGENIO GONZALEZ LORENZO GONZALEZ 1515 NW 167TH ST NORTH MIAMI BEACH FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/30/1990	4. FEI Number 65-0208081	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GONZALEZ, EUGENIO 1515 NW 167TH ST NORTH MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent		
		81 Name LORENZO M. GONZALEZ		
		82 Street Address (P.O. Box Number is Not Acceptable) 1515 N.W. 167 STREET		
		83		
		84 City MIAMI	85 Zip Code FL 33169	

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 *Lorenzo Gonzalez* DATE 1/12/99
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV GONZALEZ, EUGENIO 1515 NW 167TH ST N MIAMI BEACH FL RESIGNED <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EUGENIO A. GONZALEZ 540 BRICKELL KEY DRIVE #600 MIAMI - FLORIDA - 33131-2637.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GONZALEZ, EUGENIO 1515 NW 167TH ST N MIAMI BEACH FL RESIGNED <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE-PRESIDENT/ SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LORENZO M. GONZALEZ 15587 S.W. 68 TERR. MIAMI - FL. 33193.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1/12/99 DAYTIME PHONE # 305-620-1215
(Signature typed or printed name of signing officer or director)

CR2E034 (11/98)