


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M55120** (3) **074**

1. Corporation Name
EL VIAJANTE RESTAURANT INC.

Principal Place of Business
**C/O FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135**

Mailing Address
**C/O FELIPE A. VALLS
700 SW 36TH AVE
MIAMI FL 33135**

2. Principal Place of Business
21 **21**

2a. Mailing Address
26 **26**

Suite, Apt. #, etc.
22 **22**

Suite, Apt. #, etc.
27 **27**

City & State
23 **23**

City & State
28 **28**

Zip
24 **24**

Country
25 **25**

Zip
29 **29**

Country
30 **30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/07/1987

3a. Date of Last Report
04/08/1994

4. FEI Number
59-2827628

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

**VALLS, FELIPE A. SR.
700 S.W. 36TH AVENUE
MIAMI FL 33135**

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, 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FALCON, OSCAR
STREET ADDRESS	1970 S.W. 13TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	VALLS, FELIPE A. JR.
STREET ADDRESS	700 S.W. 36TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	VALLS, FELIPE A
STREET ADDRESS	700 SW. 36TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Oscar Falcon* 1-12-95-305-03421-01

(Signature, typed or printed name of signing officer or director) Date Daytime Phone #