

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90086 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M55120**

1. Corporation Name  
**EL VIAJANTE RESTAURANT INC.**



DO NOT WRITE IN THIS SPACE

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
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3. Date incorporated or Qualified <b>07/07/1987</b>	
4. FEI Number <b>59-2827628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3663 SW 8th St</b>	2a. Mailing Address 26 <b>3663 SW 8th St</b>
Suite, Apt. #, etc. 22 <b>3rd Floor</b>	Suite, Apt. #, etc. 27 <b>3rd Floor</b>
City & State 23 <b>MIA FL</b>	City & State 28 <b>MIA FL</b>
Zip 24 <b>33135</b>	Country 25 <b>USA</b>
Zip 29 <b>33135</b>	Country 30 <b>USA</b>

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  
**VALLS, FELIPE A. SR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3663 SW 8th St 3rd Floor**

83

84 City  
**MIAMI**

85 Zip Code  
**FL 33135**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FALCON, OSCAR	
STREET ADDRESS	1970 S.W. 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A. JR.	
STREET ADDRESS	700 S.W. 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A	
STREET ADDRESS	700 SW. 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	VALLS, FELIPE A. JR.
2.4 CITY-ST-ZIP	3663 SW 8th St 3rd Floor Miami, FL 33135
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	VALLS, FELIPE A.
3.4 CITY-ST-ZIP	3663 SW 8th St 3rd Floor MIAMI, FL 33135
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, with all other like empowered.

SIGNATURE:  **FELIPE A. VALLS, JR., SECRETARY** 2/2/99 (305) 446-4916

CR2E034 (1/98)