

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

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97 MAY 19 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M74971 (6)

1. Corporation Name  
DON PEPE RESTAURANT OF DADE, INC.



Principal Place of Business  
2300 CORAL WAY  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
MIAMI FL 33145-3511

3. Date Incorporated or Qualified 04/01/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0038713	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145
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9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY #200 MIAMI FL 33145
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10. Name and Address of New Registered Agent 81 Name URBANO MENDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 5451 N.W. 72nd. AVENUE 83 84 City MIAMI 85 Zip Code FL 33166
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11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to URBANO MENDEZ, 5451 N.W. 72nd. AVENUE, MIAMI, FLORIDA 33166. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE: AMADA CANTERA LOPEZ, PRES 4/23/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MENDEZ, URBANO	1.1 TITLE	
NAME	140 N. W. 58 COURT	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD CASTILL, ANTONIO M.	2.1 TITLE	
NAME	7420 S. W. 23 ST. APT#37	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:   
SIGNATURE: WATERPAD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/23/97  
Daytime Phone #:

CR2E034 (9/96)