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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M90219 (0)
1. Corporation Name
POLLO TROPICAL, INC.



Principal Place of Business Mailing Address
7300 N KENDALL DRIVE 7300 N KENDALL DRIVE
8TH FLOOR 8TH FLOOR
MIAMI FL 33156 MIAMI FL 33156-7840

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 07/15/1988 3a. Date of Last Report 05/01/1996
4. FEI Number 65-0100964 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
HARRIS, LARRY J
7901 SW 67TH AVENUE
MIAMI FL 33143

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 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	HARRIS, LARRY	
STREET ADDRESS	7901 S.W. 67TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	DSTV	<input type="checkbox"/> DELETE
NAME	HARRIS, STUART	
STREET ADDRESS	7901 S.W. 67TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM REA B. JR.	
STREET ADDRESS	7901 S.W. 67TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	LAZARO GARCIA	
STREET ADDRESS	7901 S.W. 67TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROZANSKY GLENN	
STREET ADDRESS	7901 S.W. 67 AVE.	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	O'GRADY DANIEL	
STREET ADDRESS	7901 S.W. 67 AVE.	
CITY- ST- ZIP	MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7300 N. Kendall Drive
1.4 CITY- ST- ZIP	Miami, FL 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7300N. Kendall Drive
2.4 CITY- ST- ZIP	Miami, FL 33156
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Carl Drew
3.3 STREET ADDRESS	7300 N. Kendall Drive
3.4 CITY- ST- ZIP	Miami, FL 33156
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William M. Walton
4.3 STREET ADDRESS	7300 N. Kendall Drive
4.4 CITY- ST- ZIP	Miami, FL 33156
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Just the 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 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] DATE: 4-2-97 (305) 670-7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)