

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90135 013 ****70.00

DOCUMENT # N96000005243

1. Corporation Name

EL GRAN YO SOY, INC.

Principal Place of Business

4860-A SOUTH STATE ROAD 7(441)
HOLLYWOOD FL 33314

Mailing Address

4860-A SOUTH STATE ROAD 7(441)
HOLLYWOOD FL 33314



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

65-0731530

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

9. Name and Address of Current Registered Agent

PALMA JOAQUIN PASTOR
3801 S. W. 58TH AVENUE
DAVIE FL 33314

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NO E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VMD
NAME PALMA, OLGAMARINA
STREET ADDRESS 3801 S.W. 58 AVE.
CITY-ST-ZIP DAVIE FL 33314

TITLE SD
NAME PALMA, ROSSALYNN
STREET ADDRESS 3801 S.W. 58 AVE.
CITY-ST-ZIP DAVIE FL 33314

TITLE T
NAME VELASQUEZ, ESPERANZA
STREET ADDRESS 5810 S.W. 59 AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE T
NAME VALENZUELA, EDY
STREET ADDRESS 36 TAFT ST., APT. 6
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE S
NAME HERRERA, ANA MARIA
STREET ADDRESS 3810 S.W. 59 AVE.
CITY-ST-ZIP DAVIE FL 33314

TITLE VM
NAME ABURTO, ISABEL
STREET ADDRESS 5810 S.W. 60 AVE.
CITY-ST-ZIP DAVIE FL 33314

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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 617, 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Daytime Phone #

CR2E037 (11/98)