

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036773 (8)

1. Incorporation Number

EL SITIO RESTAURANT., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 11398 WEST FLAGLER STREET #101-102 MIAMI FL 33174
Mailing Address: 11398 WEST FLAGLER STREET #101-102 MIAMI FL 33174

3. Date Incorporated or Qualified 05/21/1993	3d. Date of Last Report 06/27/1994
4. FEI Number 65-0411289	Applied For <input type="checkbox"/> 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 § 199(1)(2), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent

**DIAZ, MIRIAM F
11398 WEST FLAGLER STREET
#101-102
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.050 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 provisions of Section 607.0508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
OFFICE	PSTD DIAZ, MIRIAM F 7898 WEST 15TH AVE. HIALEAH FL 33014	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICE	D KINGS, JOSEPH 2315 WEST OKEECHOBEE RD. #309 HIALEAH FL 33010	5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICE		9. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICE		13. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFFICE		17. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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, Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Miriam Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 (305) 220-3315