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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State DOCUMENT # P93000065022 (4) LA NICA TORTILLAS CORP. #2 Principal Place of Business Mailing Address 3195 E. 72ND TERRACE 3195 E. 72ND TERRACE HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 65-0438175 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERRERA, RAFAEL 3195 WEST 72ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 Zip Code 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OELETE TITLE 1.1 TOLE Change Addition HERRERA, RAFAEL NAME 1.2 NAME 3195 EAST 72ND TERRACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33016 CITY - ST - ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOTLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition: TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE Channe Addition TITLE 6.1 TITLE

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 09 1998 8:00am

(10/97)

CR2E034