

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000022071 (2)
1. Corporation Name
BAYAMON SPANISH RESTAURANT, INC.

Principal Place of Business: 2555 BOGGY CREEK ROAD, KISSIMMEE FL 34744
Mailing Address: 2555 BOGGY CREEK ROAD, KISSIMMEE FL 34744

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

3. Date incorporated or Qualified: 04/01/1994
3a. Date of Last Report
4. FEI Number: 59-3236643
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
7. This corporation has liability for alternative tax under 2199 U.S.C. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**QUINONES, JOHN P IV
419 BROADWAY
KISSIMMEE FL 34741**

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 _____ (Print or type name of registered agent and the registered agent's title)

12. OFFICERS AND DIRECTORS

1. NAME	P RODRIGUEZ, WILLIAM
2. STREET ADDRESS	580 ROYAL PALM DRIVE
3. CITY, ST, ZIP	KISSIMMEE FL 34743
4. NAME	S FLORES, JOHANAINA
5. STREET ADDRESS	143 PALMETTO STREET
6. CITY, ST, ZIP	BROOKLYN NY 11221
7. NAME	T TORRES, JEANETTE
8. STREET ADDRESS	143 PALMETTO STREET
9. CITY, ST, ZIP	BROOKLYN NY 11221
10. NAME	D OCASIO, CARMEN
11. STREET ADDRESS	580 ROYAL PALM DRIVE
12. CITY, ST, ZIP	KISSIMMEE FL 34743
13. NAME	D TORRES, ENEYDI E
14. STREET ADDRESS	580 ROYAL PALM DRIVE
15. CITY, ST, ZIP	KISSIMMEE FL 34743
16. NAME	D OCASIO, RAYMOND
17. STREET ADDRESS	112-C MICHELLE LANE
18. CITY, ST, ZIP	KISSIMMEE FL 34743

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

ENRIQUE SANCHEZ JR.
580 ROYAL PALM DR.
KISSIMMEE, FL 34743

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made under oath. That I am available for discharge for all the purposes of the removal or holding empowered to associate this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, and Block 1A of this report or on an attachment thereto.

SIGNATURE: *Carmen Ocasio* (CARMEN OCASIO) Director 4/15/95