

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

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96 MAY -1 AM 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028945 (1)**

1. Corporation Name  
**ACAPULCO LINDO, INC.**

Principal Place of Business: **1036 S.W. 1 ST MIAMI FL 33130**  
Mailing Address: **1036 S.W. 1 ST MIAMI FL 33130**

2. Principal Place of Business 21 <b>2300 CORAL WAY</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2300 CORAL WAY</b> Suite, Apt. #, etc.		3. Date incorporated or Qualified <b>04/15/1994</b>		3a. Date of Last Report <b>04/26/1995</b>	
22 City & State 23 <b>MIAMI FLORIDA,</b>		27 City & State 28 <b>MIAMI FLORIDA,</b>		4. FEI Number <b>65-0480951</b>		Applied For Not Applicable	
24 Zip <b>33145</b>		25 Country <b>US.</b>		29 Zip <b>33145</b>		30 Country <b>US.</b>	
5. Certificate of Status Desired <input type="checkbox"/>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				9. Name and Address of Current Registered Agent			
7. Additional Fee Required <b>\$8.75</b>				10. Name and Address of New Registered Agent			
May Be Added to Fees <b>\$5.00</b>				81 Name <b>FLORIDA ANNUAL REPORT SERVICES, INC.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2300 CORAL WAY SUITE # 200</b>			
				83			
				84 City <b>MIAMI</b>			
				85 Zip Code <b>FL 33145</b>			

**FLORIDA ANNUAL REPORT SERVICES, INC.**  
1036 S.W. 1 ST  
MIAMI FL 33130

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, as 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: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** DATE: **4/29/96**

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEMUS, CLEMENTE J</b>	
STREET ADDRESS	<b>3800 S.W. 16TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZO, RAMON</b>	
STREET ADDRESS	<b>580 N.E. 34TH CT.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET 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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ramon Lazo* **SEC /DIRECTOR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RAMON LAZO.**

DATE: **4/29/96**  
Telephone #

CR2E034 (12/95)