

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

**APPROVED  
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**97 MAY -1 AM 8:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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: 2300 CORAL WAY MIAMI FL 33145  
Mailing Address: 2300 CORAL WAY MIAMI FL 33145-3511

3. Date Incorporated or Qualified: 04/15/1994  
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	2300 CORAL WAY		2300 CORAL WAY		65-0480951	Not Applicable
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	# 200		# 200		<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	MIAMI FLORIDA		MIAMI FLORIDA		<input type="checkbox"/>	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	33145		33145			
25	Country	30	Country			
	US		US			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY #200 MIAMI FL 33145		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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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]* AMADA CANTERA LOPEZ, PRES DATE: 4/23/97

Signature, title or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEMUS, CLEMENTE J	1.2 NAME	
STREET ADDRESS	3800 S.W. 16TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	LAZO, RAMON	2.2 NAME	
STREET ADDRESS	580 N.E. 34TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIEMENS J. LEMUS (PRESIDENT)

CR2E034 (9/96)