

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000054458 (2)

1. Corporation Name

PURA VIDA RESTAURANT CAFETERIA, INC.

Principal Place of Business

Mailing Address

9355 W.Okeechobee Rd. 9355 W.Okeechobee Rd.
Hialeah Gardens Florida 333323 Hialeah Fl.33323

FILED

May 27 1998 8:00am
Secretary of State

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

22 Suite, Apt. #, etc.

27

23 City & State

28

24 Zip

29

25 Country

30

26 Zip

31

27 Country

32

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0506800

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

GUTIERREZ, ALLAN
15205 S.W. 112th Court
Miami Florida 33157

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P GUTIERREZ, ALLAN	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			1.2 NAME	
STREET ADDRESS	15205 S.W. 112 Ct		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33157		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			7.2 NAME	
STREET ADDRESS			7.3 STREET ADDRESS	
CITY-ST-ZIP			7.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			8.2 NAME	
STREET ADDRESS			8.3 STREET ADDRESS	
CITY-ST-ZIP			8.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			9.2 NAME	
STREET ADDRESS			9.3 STREET ADDRESS	
CITY-ST-ZIP			9.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			10.2 NAME	
STREET ADDRESS			10.3 STREET ADDRESS	
CITY-ST-ZIP			10.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

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05/28/98--01019--043
**150.00