

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009982 (6)

1. Corporation Name

LOS AMIGOS IN THE PORT, INC.



Principal Place of Business

Mailing Address

8985 COLUMBIA RD.
CAPE CANAVERAL FL 32920

8985 COLUMBIA RD.
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified 02/02/1995	3a. Date of Last Report 02/15/96
4. FEI Number 59-3299185	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	XX Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

TINDALL, PENNIE
115 HARBOR DR.
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name LESLIE WADDINGTON
82 Street Address (P.O. Box Number is Not Acceptable) 1210 SUGAR CREEK LANE
83
84 City ROCKLEDGE
85 Zip Code FL 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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

Leslie A. Waddington
Signature of Leslie A. Waddington

(NOTE: Registered Agent signature required when reinstating)

20 JULY 1996

Date

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	LESLIE A. WADDINGTON
STREET ADDRESS	1210 SUGAR CREEK LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	RUDOLFO ORTEGA
STREET ADDRESS	115 HARBOR DR, CAPE CANAVERAL, FL
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	TREASURER <input checked="" type="checkbox"/> DELETE
NAME	JAMIE RIVERA
STREET ADDRESS	201 CHANDLER ST
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	PENNIE TINDELL
STREET ADDRESS	115 HARBOR DR
CITY-ST-ZIP	CAPE CANAVERAL, FL 32955
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WALTER O'NEIL
23 STREET ADDRESS	222 LONG PT ROAD
24 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
31 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SUYAPA WADDINGTON
33 STREET ADDRESS	1210 SUGAR CREEK LANE
34 CITY-ST-ZIP	ROCKLEDGE, FL 32955
41 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SUYAPA WADDINGTON
43 STREET ADDRESS	1210 SUGAR CREEK LANE
44 CITY-ST-ZIP	ROCKLEDGE, FL 32955
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie A. Waddington
LESLIE A. WADDINGTON, PRESIDENT

20 JULY 96

407-784-6946

Date

Daytime Phone #

CR2E034 (3/96)