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May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000015531**

1. Corporation Name

CHURRASCO'S REST. INC.

Principal Place of Business

1801 BAY ROAD #201
VERO BEACH FL 32963
1850 QLS HWY 1
VERO BEACH FL 32960

Mailing Address

1801 BAY ROAD #201
VERO BEACH FL 32963
1850 QLS HWY 1
VERO BEACH FL 32960

2. Principal Place of Business

2a. Mailing Address

21 1850 QLS HWY 1

26 SAME

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 VERO BEACH FL

28 Zip

24 32960 25 QLSA

29 Country

30

9. Name and Address of Current Registered Agent

STEVENS, LINDA S
1801 BAY ROAD #201
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name **Julio Somaza**
82 Street Address (P.O. Box Number is Not Acceptable)
9400 S.W. 103 ST
83
84 City **MIAMI** FL 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0907 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. The duly accepted the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Linda Stevens

9-27-98

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP	DATE	NAME	STREET ADDRESS	CITY, ST, ZIP	DATE
D	SOMOZA, JULIO	9400 SW 103RD STREET	MIAMI FL 33274	D	SOMOZA, MYRNA	9400 SW 103RD STREET	MIAMI FL 33274
D	STEVENS, LINDA S	1801 BAY ROAD #201	VERO BEACH FL 32963				

NAME	STREET ADDRESS	CITY, ST, ZIP	DATE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14 NAME	15 STREET ADDRESS	16 CITY, ST, ZIP	17 DATE
18 NAME	19 STREET ADDRESS	20 CITY, ST, ZIP	21 DATE
22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	25 DATE
26 NAME	27 STREET ADDRESS	28 CITY, ST, ZIP	29 DATE
30 NAME	31 STREET ADDRESS	32 CITY, ST, ZIP	33 DATE
34 NAME	35 STREET ADDRESS	36 CITY, ST, ZIP	37 DATE
40 NAME	41 STREET ADDRESS	42 CITY, ST, ZIP	43 DATE
46 NAME	47 STREET ADDRESS	48 CITY, ST, ZIP	49 DATE
50 NAME	51 STREET ADDRESS	52 CITY, ST, ZIP	53 DATE
56 NAME	57 STREET ADDRESS	58 CITY, ST, ZIP	59 DATE
60 NAME	61 STREET ADDRESS	62 CITY, ST, ZIP	63 DATE
64 NAME	65 STREET ADDRESS	66 CITY, ST, ZIP	67 DATE

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 of a changed, or on an attachment with an address.

SIGNATURE