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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036449 (2) DIAZ CAFETERIA INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 82 E. 57 ST. 82 E. 57 ST. HALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0668304 Not Applicable Suite. Act. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip B. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DIAZ, NATALIO P 82 E. 57 ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 84 City 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. (NOTE Registered Agent signature required when reinstating) Signature, typical or pointed name of transferrior agent and the if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DIAZ, NATALIO P NAME 1.2 NAME 82 E. 57 ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CITY- ST - ZIP Addition DELÈTE Change TITLE 2.1 TITLE DIAZ, ZACARIAS D 2.2 NAME 82 E. 57 ST. STREET ADDRESS 2 3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2IP DELETE 4 1 111LE Change Addition TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 guarn attachment with an address.

SIGNATURE:

362-9139