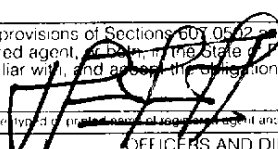
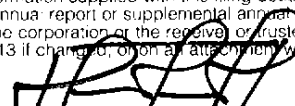


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 FEB 14 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000043486 1. Corporation Name LA PACHAMANCA RESTAURANT, CORP.			
Principal Place of Business 14500 S.W. 88 Avenue Suite 220 Miami, FL 33176		Mailing Address 14500 S.W. 88 Avenue Suite 220 Miami, FL 33176	
2. Principal Place of Business 21 10855 S.W. 72 Street Suite, Apt. #, etc. 22 Unit 27 City & State 23 Miami, Florida Zip 24 33173		2a. Mailing Address 26 10855 S.W. 72 Street Suite, Apt. #, etc. 27 Unit 27 City & State 28 Miami, Florida Zip 29 33173 Country 30 U.S.A.	
3. Date Incorporated or Qualified 05/16/96		3a. Date of Last Report	
4. FEI Number 65-0665443		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent RUBEN REYESEWEST 14500 S.W. 88 Avenue Suite 220 Miami, FL 33176		10. Name and Address of New Registered Agent 81 Name JORGE PEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 10855 S.W. 88 Avenue 83 Unit-27 84 City Miami FL 85 Zip Code 33173	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS RUBEN REYESEWEST 14500 S.W. 88 Ave., Suite 220 Miami, FL 33176 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DPST JORGE PEREZ 10855 S.W. 88 Avenue, Unit 27 Miami, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition
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 if changed, on an attachment with an address.			
SIGNATURE:  JORGE PEREZ		02-13-97 (206) 8560665	

CR2E034 (9/96)