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	Mailing Address
14500 S.W. 88 Avenue Suite 220 Miami, FL 33176	14500 S.W. 88 Avenue Suite 220 Miami, FL 33176

3. Date Incorporated or Qualified: 05/16/96
3a. Date of Last Report:

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 Country 25 U.S.A.

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.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☒ DELETE	11 TITLE	DPST ☒ Change ☐ Addition
NAME	RUBEN REYESEWEST	12 NAME	JORGE PEREZ
STREET ADDRESS	14500 S.W. 88 Ave., Suite 220	13 STREET ADDRESS	10855 S.W. 88 Avenue, Unit 27
CITY-ST-ZIP	Miami, FL 33176	14 CITY-ST-ZIP	Miami, FL 33173
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

200002088002--5
-02/14/97--01050--029
****165.00 ****165.00

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, or on an attachment with an address.

SIGNATURE: _____ JORGE PEREZ 02-13-97 (305) 8560665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)