


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

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Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90049 018 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064151

1. Corporation Name  
FRITANGA EL MANA INC.

Principal Place of Business  
1821 SW 8TH STREET  
MIAMI FL 33143

Mailing Address  
1821 SW 8TH STREET  
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1996	
21		26		4. FEI Number 65-0688133	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent RODRIGUEZ, WILDER 2858 W 74TH PLACE HIALEAH FL 33016		10. Name and Address of New Registered Agent	
		81 Name WILDER RODRIGUEZ	
		82 Street Address (P.O. Box Number is Not Acceptable) 1821 S.W. 8th ST	
		83	
		84 City MIAMI	85 Zip Code FL 33143

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 Wilder Rodriguez (NOTE: Registered Agent signature required when reinstating) Wilder Rodriguez DATE 3-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RODRIGUEZ, WILDER	1.2 NAME	WILDER RODRIGUEZ
STREET ADDRESS	2858 W 74TH PLACE	1.3 STREET ADDRESS	1821 S.W. 8th ST
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VSD	2.1 TITLE	VSD
NAME	FLORES, ROSA	2.2 NAME	ROSA FLORES
STREET ADDRESS	2858 W 74TH PLACE	2.3 STREET ADDRESS	1821 S.W. 8th ST
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Wilder Rodriguez Wilder Rodriguez 3-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)