

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 DEC 16 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000064728 (4)

1. Corporation Name  
EL NEGOCIO REDONDO, INC.

Principal Place of Business  
910 W AVE  
SUITE 408  
MIAMI BEACH FL 33139

Mailing Address  
910 W AVE  
SUITE 408  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

4000002376914--0  
-12/18/97--01100--007  
\*\*\*185.00 \*\*\*183.00

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, L. ALBERTO	
STREET ADDRESS	910 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NEGRETE, G. KARINA	
STREET ADDRESS	910 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SANCHEZ, SANTIAGO J	
STREET ADDRESS	910 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attached page with an address.

CR2E034 (4/97)



**EL NEGOCIO REDONDO**

900 West Avenue, Suite # 327  
Miami Beach, Fl. 33139.  
Telf/Fax: (305) 672-0730

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Miami Beach, 12/08/97

Señores  
**DIVISION OF CORPORATIONS**  
**ANNUAL REPOTS SECTION**  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Dear Sirs:

*As per our conversation of few days ago with a Division Of Corporations Annual Reports Section's representative, we are sending you our money orders for the amount of \$ 165.00 which represents payment of our annual report for 1,996.*

*Our corporation, **El Negocio Redondo Inc**, was constituted on Aug. 2nd, 1,996 and based at 900 West Avenue, Suite # 408, Miami Beach, Fl. 33139. Beginning on Nov. 1st, 1,996 we moved to our new location at 900 West Avenue, Suite # 327, Miami Beach, Fl. 33139, that is the reason we were not aware of making this payment sooner.*

Sincerely Yours,

  
~~EL NEGOCIO REDONDO, Inc.~~  
**KARINA NEGRETE**