

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

FILED


Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90063 028 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000080008					
1. Corporation Name EL PESCADOR INC.					
Principal Place of Business 1543 SW 8 ST. MIAMI FL 33135			Mailing Address 1543 SW 8 ST. MIAMI FL 33135		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0697405	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BENITEZ, CARLOS 1543 SW 8 ST. MIAMI FL 33135				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		1.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS		
			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:  DATE: **JAN 15-99** DAYTIME PHONE #: **305-649-8222**

CR2E034 (11/98)