


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90061 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091150

1. Corporation Name
HOT DOG TROPICAL, INC.

Principal Place of Business
10662 FONTAINEBLEAU BLVD
MIAMI FL 33172
US

Mailing Address
10662 FONTAINEBLEAU BLVD
MIAMI FL 33172
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1996	
21		26		4. FEI Number 65-0734575	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			
24		29		30	

9. Name and Address of Current Registered Agent

FARIA, LISSETTE
9731 FONTAINEBLEU BLVD. #109
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
*** Miguel A. Rivas**
82 Street Address (P.O. Box Number is Not Acceptable)
10662 Fontainebleau Blvd.
83
84 City
Miami **FL** 85 Zip Code
33172

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 23, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARIA, LISSETTE	1.2 NAME	RIVAS, Miguel A.
STREET ADDRESS	9731 FONTAINEBLEU BLVD. #109	1.3 STREET ADDRESS	10662 Fontainebleau Blvd.
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVAS, MIGUEL A	2.2 NAME	FARIA, Oscar
STREET ADDRESS	11257 NW 62 TERR	2.3 STREET ADDRESS	10662 Fontainebleau Blvd.
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ☒

SIGNATURE: **MIGUEL A. RIVAS**

March 23, 1999

(305) 793-4207

Date

Daytime Phone #

CR2E034-11/981