

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90007 012 ***558.75

DOCUMENT # P96000097998

1. Corporation Name

E AND C RESTAURANT, INC.



Principal Place of Business

5005 COLLINS AVENUE
#916
MIAMI BEACH FL 33140

Mailing Address

5005 COLLINS AVENUE
#916
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2150 NW 22 AVE**

Suite, Apt. #, etc.

22 **MIAMI**

City & State

23 **FLORIDA**

Zip

24 **33142**

Country

25 **MIAMI-DADE**

2a. Mailing Address

26 **2150 NW 22 AVE**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip

29 **33142**

Country

30 **MIAMI-DADE**

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0711415

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

VALERA, MIRNA
5005 COLLINS AVENUE
#915
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

ELENA MORAZAN

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

5005 COLLINS AVE #915

83

84 City

MIAMI BEACH FL

85 Zip Code

33140

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 **Elena Morazan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/99

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	VALERA, MIRNA	
STREET ADDRESS	5005 COLLINS AVENUE #916	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P/D ELENA MORAZAN	<input type="checkbox"/> DELETE
NAME	5005 COLLINS AVE #915	
STREET ADDRESS	MIAMI BEACH, FL 33140	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	5005 COLLINS AVE #915	
STREET ADDRESS	MIAMI BEACH, FL 33140	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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 checked="" type="checkbox"/> Addition
2.2 NAME	P/D ELENA MORAZAN
2.3 STREET ADDRESS	5005 COLLINS AVE #915
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/T CARLOS F. HERNANDEZ
3.3 STREET ADDRESS	5005 COLLINS AVE #915
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99

Date

Daytime Phone #

CR2E034 (5/99)