

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

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98 FEB 23 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000039042 (1)**  
1. Corporation Name  
**HIALEAH ARENA SPORTS CAFE INC.**



Principal Place of Business <b>4056 WEST 12TH AVE HIALEAH FL 33012</b>	Mailing Address <b>4056 WEST 12TH AVE HIALEAH FL 33012</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified <b>05/01/1997</b>	
4. FEI Number <b>65-0808248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 checked="" type="checkbox"/> No	<b>Is</b>

9. Name and Address of Current Registered Agent  
**CERVANTES, JORGE - President  
4054 W 12TH AVE  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
**NOT OPEN YET**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>DAVID FERNANDEZ</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2901 WEST 16 AVE #78</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Niandah 33011</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>S-T CARIDAD BRITO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>7316 W 30 AVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>HIALEAH FL 33014</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Nilda Sterrett</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1799 NW 162 AVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Pembroke Pine 33028</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Cervantes Jorge</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4054 W 12 AVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>
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	<b>2/27/98 Nilda Sterrett gave authorization</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>by phone to add Jorge Cervantes as president</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>to make AIR fileable</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>2/27/98</b>

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 \_\_\_\_\_ DATE **2/29/1998**

CR2E034 (10/97)