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

APPROVED AND FILED
99 APR 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

021B16

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P97000058463**

1. Corporation Name
THE PRESIDENTIAL RESTAURANT, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified
07/02/1997

4. FEI Number
65-0766838
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fee

8. This corporation owes Pre-current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 Coral Way Suite, Apt #, etc.	26 2300 Coral Way Suite, Apt #, etc.
22 Suite # 200 City & State	27 Suite # 200 City & State
23 Miami Florida Zip Country	28 Miami Florida Zip Country
24 33145 25	29 33145 30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 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: AMADA CANTERA LOPEZ, President 4/26/99
Signature typed or printed of registered agent and title if agent is a corporation (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE [ ] Change [ ] Add
NAME	CHAMIZO, LIAN		12 NAME
STREET ADDRESS	101 S.W. 12TH AVENUE		13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33130		14 CITY-ST-ZIP
TITLE	DVS	[ ] DELETE	21 TITLE [ ] Change [ ] Add
NAME	CHAMIZO, ALEX		22 NAME
STREET ADDRESS	101 S.W. 12TH AVENUE		23 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33130		24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Add
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Add
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Add
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

000085595700--0
-05/03/99--01005--012
****150.00 ****150.00

CR2E034 (11/99)

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: Lian Chamizo 4/26/99
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)