

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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061157 (8)

1. Corporation Name

PUEBLITO PAISA RESTAURANT, INC.



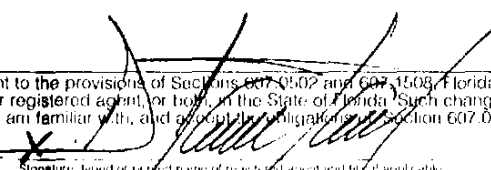
Principal Place of Business 5396 SOUTHWEST 12 AVENUE MIAMI FL 33012	Mailing Address 5396 SOUTHWEST 12 AVENUE MIAMI FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5396 West 12 Ave Suite, Apt. #, etc. 22 City & State Hialeah, FL 23 Zip 33012 24 Country Dade		2a. Mailing Address 26 5396 West 12 Ave Suite, Apt. #, etc. 27 City & State Hialeah FL 28 Zip 33012 29 Country Dade		3. Date Incorporated or Qualified 07/15/1997	
				4. FEI Number 65-055427-000000	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 type="checkbox"/> No	

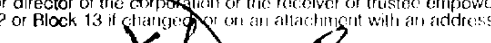
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent B1 Name Diego Correa B2 Street Address (P.O. Box Number is Not Acceptable) 5396 SW 12 Ave B3 B4 City Miami FL 85 Zip Code 33012	
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11. 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 3/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	OROZCO, DEISSY KARINA	1.2 NAME	
STREET ADDRESS	5396 SOUTHWEST 12 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33012	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	CORREA, DIEGO L	2.2 NAME	
STREET ADDRESS	5396 SOUTHWEST 12 AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33012	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GALLEGO, ANA M	3.2 NAME	
STREET ADDRESS	5396 SOUTHWEST 12 AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33012	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	RAMIREZ, JOHNNY	4.2 NAME	
STREET ADDRESS	5396 SOUTHWEST 12 AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33012	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE  DATE 3/25/98

CR2E034 (10/97)