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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 MAY -3 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0218124

DOCUMENT # P97000062480

1. Corporation Name

EL ACAJUTLA 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

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc: 22 SUITE # 200	Suite, Apt. #, etc: 27 SUITE # 200
City & State: 23 MIAMI FLORIDA	City & State: 28 MIAMI FLORIDA
Zip: 24 33145 Country: 25 U.S.	Zip: 29 33145 Country: 30 U.S.

3. Date Incorporated or Qualified: 07/18/1997

4. FEI Number: 65-0771884 [ ] 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 Fees

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

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 [signature] AMADA CANTERA LOPEZ. PRES. 4/27/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	DELEON, DUGLAS	
STREET ADDRESS	500 NW 40TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	SD	[ ] DELETE
NAME	LEMUS, SANTOS G	
STREET ADDRESS	3800 SW 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	TD	[ ] DELETE
NAME	LEMUS, CLEMENTE J	
STREET ADDRESS	3800 SW 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	[ ] Change [ ] Addition
12 NAME	DE LEON, DOUGLAS	
13 STREET ADDRESS	500 NW 40th STREET	
14 CITY-ST-ZIP	OAKLAND PARK, FL	
21 TITLE	S/D/LEMUS CLEMENTE J	[ ] Change [ ] Addition
22 NAME	3800 S.W. 16TH. STREET	
23 STREET ADDRESS	FT.LAUDERDALE FLORIDA 33312	
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME	500002865579--9	
33 STREET ADDRESS	-05/07/99--01030--006	
34 CITY-ST-ZIP	****150.00 ****150.00	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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: Clemente Lemus 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE