

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

0252064

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000072319			
1. Corporation Name SUNDAYS ON THE BAY RESTAURANT, INC.			
Principal Place of Business 5420 CRANDON BLVD. KEY BISCAYNE FL 33149		Mailing Address 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175	
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 Zip	
24 Country		29 Country	
9. Name and Address of Current Registered Agent			
A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83 City			
84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -5 AM 8:13



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/20/1997
4. FEI Number	APPLIED FOR 65-0827938
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 Tax	[] Yes [X] No
10. Name and Address of New Registered Agent	

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	BENCOMO, ESTEBAN	
STREET ADDRESS	5420 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPD	DELETE
NAME	AMARO, PEDRO	
STREET ADDRESS	5420 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TD	DELETE
NAME	RECIO, RICARDO	
STREET ADDRESS	5420 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPD	DELETE
NAME	REYES, JAVIER	
STREET ADDRESS	5420 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SD	DELETE
NAME	PINO, CARLOS	
STREET ADDRESS	5420 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change	[] Addition
500002866115--0	
-05/07/99--01009--013	
****300.00 ****150.00	
[] Change	[] Addition
[] Change	
[] Addition	
[] Change	
[] Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (11/98)