

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90144 022 ***150.00

0220770

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000004264

1. Corporation Name
EL RINCON DE QUISQUELLA RESTAURANT, CORP.



Principal Place of Business 9513 N.W. 27TH AVENUE MIAMI FL 33147	Mailing Address 9513 N.W. 27TH AVENUE MIAMI FL 33147
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
 65-0807020

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAZAR, TERESA
 9513 N.W. 27TH AVENUE
 MIAMI FL 33147

81 Name	GERPY L. FERMIN
82 Street Address (P.O. Box Number is Not Acceptable)	9513 N.W. 27TH AVE.
83	
84 City	MIAMI
85 State	FL
86 Zip Code	33147

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]

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

(NOTE: Registered Agent signature required when reinstating)

04/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	SALAZAR, TERESA	
STREET ADDRESS	9513 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALAZAR, TERESA	
STREET ADDRESS	9513 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERPY L. FERMIN	
1.3 STREET ADDRESS	9513 N.W. 27TH AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL 33147	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/20/99 (305) 835-1472

Date

Daytime Phone #

CR2E034 (11/98)