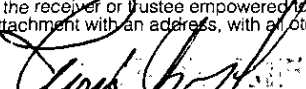


<b>DOCUMENT # P98000014022</b>			
<b>1. Entity Name</b> <b>LA ESQUINA LATINA INC.</b>			
<b>Principal Place of Business</b> <b>5241 NW 79 AVENUE</b> <b>MIAMI FL 33166</b> <b>US</b>		<b>Mailing Address</b> <b>5241 NW 79 AVENUE</b> <b>MIAMI FL 33166-4715</b> <b>US</b>	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  ZipCountry		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  ZipCountry	
<b>6. Name and Address of Current Registered Agent</b>			
<b>GONZALEZ, TOMAS SR</b> <b>10802 SW 61 TERRACE</b> <b>MIAMI FL 33173</b>			<b>Name</b>
			<b>Street Address (if different from above)</b>
			<b>City</b>
			<b>State</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of agent.)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>OD</b> <b>GONZALEZ, TOMAS SR</b> <b>5241 NW 79 AVENUE</b> <b>MIAMI FL 33166</b> <input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0830546</b>		Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>GONZALEZ, TOMAS SR</b> <b>10802 SW 61 TERRACE</b> <b>MIAMI FL 33173</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</b>									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>				<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>				<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	<b>OD</b> <b>GONZALEZ, TOMAS SR</b> <input type="checkbox"/> Delete <b>5241 NW 79 AVENUE</b> <b>MIAMI FL 33166</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
<b>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.</b>									
<b>SIGNATURE:</b>  <b>TOMAS GONZALEZ</b>				Date <b>4/20/00</b> Daytime Phone # <b>305-639-2885</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									

CR2E034 (9/99)