

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

DOCUMENT # P98000038654

1. Corporation Name

EL SABOR LATINO DE VENEZUELA INC.

21. Principal Place of Business

7337 West Flagler St.
Miami, Fl. 33144

Mailing Address

7337 West Flagler St.
Miami, Fl. 33144

22. State, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

28. Zip

Country

29. Country

9. Name and Address of Current Registered Agent

ISIDORA C. RUIZ
7502 NW. 2 ST.
MIAMI, FL. 33144

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

Isidora Ruiz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-02/99

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	1.1 TITLE	1. Change		2. Addition
STREET ADDRESS	1.2 NAME			
CITY-ST-ZIP	1.3 STREET ADDRESS			
TITLE	1.4 CITY-ST-ZIP			
NAME	2.1 TITLE	2. Change		3. Addition
STREET ADDRESS	2.2 NAME			
CITY-ST-ZIP	2.3 STREET ADDRESS			
TITLE	2.4 CITY-ST-ZIP			
NAME	3.1 TITLE	3. Change		4. Addition
STREET ADDRESS	3.2 NAME			
CITY-ST-ZIP	3.3 STREET ADDRESS			
TITLE	3.4 CITY-ST-ZIP			
NAME	4.1 TITLE	4. Change		5. Addition
STREET ADDRESS	4.2 NAME			
CITY-ST-ZIP	4.3 STREET ADDRESS			
TITLE	4.4 CITY-ST-ZIP			
NAME	5.1 TITLE	5. Change		6. Addition
STREET ADDRESS	5.2 NAME			
CITY-ST-ZIP	5.3 STREET ADDRESS			
TITLE	5.4 CITY-ST-ZIP			
NAME	6.1 TITLE	6. Change		7. Addition
STREET ADDRESS	6.2 NAME			
CITY-ST-ZIP	6.3 STREET ADDRESS			
TITLE	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: *Isidora Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/99 (305)267-0060
Date Daytime Phone #

EL SABOR LATINO DE VENEZUELA, INC.
7337 WEST FLAGLER ST.
MIAMI, FL. 33144
(305) 267-0060

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November 02, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O.BOX 6327
Tallahassee, Fl. 32314

Attn: P98000038654

We were calling by phone about two weeks ago requesting The Annual Corporate Report for 1998. We have not received the application you sent by mail, because we were out of Miami several weeks, in Venezuela, and the business was closed some time or half operating.

We are soliciting a waiver on the late penalty, because we never received the official document by mail or it was returned or misshandled .

This is the first time we need to complete this process or go over it. Thanks.

Sincerely;

X. Fidora Perez
PR & SIGHT