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MIAMI, FLORIDA 33131 TELEPHONE (305) 372-1330 FACSIMILE (305) 358-0810 E-MAIL AMSQUARED@MSN.COM

ALEIDA MARTINEZ MOLINA*
*ALSO ADMITTED IN CONNECTIGUT & NEW YORK

May 14, 1999
VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: Tasca Lisboa Restaurant, Inc.

Dear Sir/Madam:

Enclosed please find an original and one copy each of the following:

- Statement of Change of Registered Office or Registered Agent or Both for Corporations;
- 2. Officer/Director Resignation

Kindly file the original documents and return a file-stamped copy to us in the enclosed self-addressed stamped envelopes. A check in the amount of \$70.00 to cover the filing fees for the above is also enclosed.

Very truly yours, Martinez Molina, P.A.

Aleida Martinez Molina

AMM:al Enclosures

mm/tasca/sec.of state/let

RA Chg.

MAY 2 5 1999

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	5 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized submits the following statement in ord the State of Florida.	er to change its registered office or registered agent, or both, in
1. The name of the corporation is:	Tasca Lisboa Restaurant, Inc.
2. The mailing address of the corporati	onis: 2312 Ponce de Leon Blvd. Coral Gables, FL 33134
3. Date of incorporation/qualification:	November 17,1998 Document number: P 98,00089 6833
4. The name and address of the current	
Rogerio P 8410 SW.	eseira service Esperimento
5. The name and address of the new reg	gistered agent and office: (P. O. Box Not Acceptable)
	atos e de Leon Blud. aldes, FC 33134
	ce and the street address of the business office of its registered
Such change was authorized by resolu authorized by the board. (Signature of an officer, chairman or vice	tion duly adopted by its board of directors or by an officer so
Rogerio Pereira, Printed or typed name a	esident nd title)
Having been named as registered agen	nt and to accept service of process for the above stated intment as registered agent and agree to act in this capacity. Visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as
(Signature of Registered Agent)	5-12-99 (Date)
If signing on behalf of an entity:	(2410)
Bruno Santos (Typed or Printed Name)	PRESIDENT/Registered Abent (Capacity)
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *