

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09731** (8)

1. Corporation Name
EL RANCHO GRANDE RESTAURANT INC.



Principal Place of Business: **1626 PENNSYLVANIA AVE MIAMI BCH FL 33139**
Mailing Address: **1626 PENNSYLVANIA AVE MIAMI BCH FL 33139**

3. Date Incorporated or Qualified: **10/29/1990**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0223469**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Country

9. Name and Address of Current Registered Agent
**RAMIREZ, ELOIDA
1626 PENNSYLVANIA AVE
MIAMI BCH FL 33139**

10. Name and Address of New Registered Agent
81. Name: **Jose M. Ortiz**
82. Street Address (P.O. Box Number Not Acceptable): **1626 Penn Ave.**
83. City: **Miami Beach**
84. State: **FL**
85. Zip Code: **33139**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Jose M. Ortiz** DATE: **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARLENE ORTIZ	
STREET ADDRESS	1626 PENNSYLVANIA AVE	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOSE M ORTIZ	
STREET ADDRESS	1626 PENN. AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELODIA RAMIREZ	
STREET ADDRESS	1626 PENN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **Jose M. Ortiz** DATE: **1/24/96** DAYTIME PHONE: **673-0480**

CR2E034 (12/95)