


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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																							
<b>DOCUMENT # S 53295</b> 1. Corporation Name <b>LA CABANA PAISA CORP.</b>																																																																																																																																																											
Principal Place of Business <b>4410 W. 16th Ave. #21 HIALEAH FL 33012</b>			Mailing Address <b>4410 W. 16th Ave. #21 Hialeah FL 33012</b>																																																																																																																																																								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05-17-1991</b> 3a. Date of Last Report <b>05/01/96</b> 4. FEI Number <b>65-0263495</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																							
9. Name and Address of Current Registered Agent <b>Fabiola Munoz 14531 SW 111 St. Miami FL 33186</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">12. OFFICERS AND DIRECTORS</th> <th colspan="3">13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>1.1 TITLE</td> <td>1.2 NAME</td> <td>1.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td><b>P/S.</b></td> <td><b>FABIOLA MUNOZ</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>14531 SW 111 St</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td><b>V/T</b></td> <td><b>GILMA MUNOZ DE VILLA</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>14531 SW 111 St.</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td><b>D</b></td> <td><b>LIBARDO GILBERTO VILLA</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>14531 SW 111 St.</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI FL 33186</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS		<b>P/S.</b>	<b>FABIOLA MUNOZ</b>						<b>14531 SW 111 St</b>						<b>MIAMI FL 33186</b>				TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS		<b>V/T</b>	<b>GILMA MUNOZ DE VILLA</b>						<b>14531 SW 111 St.</b>						<b>MIAMI FL 33186</b>				TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS		<b>D</b>	<b>LIBARDO GILBERTO VILLA</b>						<b>14531 SW 111 St.</b>						<b>MIAMI FL 33186</b>				TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS																			TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS																			TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS																		
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14. I do 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.																																																																																																																																																											
SIGNATURE: <b>x Fabiola Munoz</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>04/18/97 (205) 826-5319</b> Date Daytime Phone #																																																																																																																																																								

CR2E034 (9/96)