

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S59752** (3)  
 1. Corporation Name  
**LOS ARCOS FLORIDIANOS, INC.**



Principal Place of Business Mailing Address  
**601 S.W. 12TH AVENUE MIAMI FL 33130**  
**601 S.W. 12TH AVENUE MIAMI FL 33130**

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

3. Date Incorporated or Qualified **06/14/1991** 3a. Date of Last Report **04/28/1995**  
 4. FEI Number **65-0266500** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**REYES, MIGUEL**  
**601 S.W. 12TH AVENUE**  
**MIAMI FL 33130**

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 607.0602 and 607.1505, 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. The act, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of the person changing the office or agent

Signature of the person changing the office or agent

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>REYES, MIGUEL</b>	
STREET ADDRESS	<b>601 S.W. 12TH AVE.</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 118.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee or person 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 attached list with an address.

SIGNATURE: *Miguel Reyes Sanchez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MIGUEL REYES**

3/28/96 (305) 443-5114

CR2E034 (12/95)