


AMENDED
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S64039					
1. Corporation Name DORAL PIZZA, INC.					

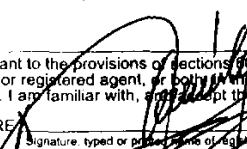
Principal Place of Business	Mailing Address
4709 NW 79th Avenue Miami, Florida 33166	

2. Principal Place of Business	2a. Mailing Address
21 4709 NW 79th Avenue	26 4709 NW 79th Avenue
Suite Apt. #, etc.	Suite Apt. #, etc.
22	27
City & State	City & State
23 Miami, Florida	28 Miami, Florida
Zip	Zip
24 33166	29 33166
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent	
Maria Judith Tache 4709 NW 79th Avenue Miami, Florida 33166	

10. Name and Address of New Registered Agent	
Carlos Avedano 4709 NW 79th Avenue Miami, Florida 33166	

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:  DATE: **11-12-99**

12. OFFICERS AND DIRECTORS	
TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Maria Judith Tache
STREET ADDRESS	4709 NW 79th Avenue
CITY-ST-ZIP	Miami, Florida 33166
TITLE	Vice President <input checked="" type="checkbox"/> DELETE
NAME	Alfredo Arias
STREET ADDRESS	1533 SW 129th Court
CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form 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 officer or director 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 the attachment with an address.

SIGNATURE:  DATE: **11-12-99**

FILED
99 NOV 30 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6-28-91	
4. FEI Number 65-0276945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name Carlos Avedano
82 Street Address (P.O. Box Number is Not Acceptable) 4709 NW 79th Avenue
83
84 City Miami
85 Zip Code FL 33166

11-12-99

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carlos Avedano
1.3 STREET ADDRESS	4709 NW 79th Avenue
1.4 CITY-ST-ZIP	Miami, Florida 33166
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	
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	

TS

11-12-99

CR2E034 (5/99)