

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

**APPROVED AND FILED**

**97 APR 30 PM 2:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S67067 (6)**  
1. Corporation Name  
**SWEETWATER REY'S PIZZA CORP.**



Principal Place of Business <b>2300 CORAL WAY MIAMI FL 33145 US</b>	Mailing Address <b>2300 CORAL WAY MIAMI FL 33145-3511 US</b>
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3. Date Incorporated or Qualified <b>07/18/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0272701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>22 # 200</b> City & State <b>23 MIAMI FLORIDA</b> Zip <b>24 33145</b>	2a. Mailing Address <b>26 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>27 # 200</b> City & State <b>28 MIAMI FLORIDA</b> Zip <b>29 33145</b>	Country <b>25 US</b>	Country <b>30 US</b>
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9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* **AMADA CANTERA LOPEZ, PRES** **4/23/97**  
Signature typed in block 12 of this form. Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>RODRIGUEZ, RAMON</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3834 N.W. 13TH ST</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>STD</b>	NAME <b>RODRIGUEZ, MARGARITA</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3834 N.W. 13TH ST</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
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	<b>800002164058--8</b>
2.3 STREET ADDRESS	<b>-05/02/97--01114--012</b>
2.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
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	

*[Handwritten: JPA/30]*

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 attached sheet, with an address.

SIGNATURE *[Signature]* **4/23/97**

CR2E034 (9/96)