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99 APR 30 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0217516

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S67067

1. Corporation Name
SWEETWATER REY'S PIZZA CORP.

Principal Place of Business
2300 CORAL WAY #200 MIAMI FL 33145 US

Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145 US

2. Principal Place of Business
21 **2300 CORAL WAY,**
Suite, Apt. #, etc
22 **SUITE # 200**
City & State
23 **MIAMI FLORIDA**
Zip Country
24 **33145** 25 **U.S.**

2a. Mailing Address
26 **2300 CORAL WAY**
Suite, Apt. #, etc
27 **SUITE # 200**
City & State
28 **MIAMI FLORIDA**
Zip Country
29 **33145** 30 **U.S.**

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1991

4. FID Number
65-0272701

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent



11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation solemnly states that 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. Hereby accept the appointment as registered agent. I am familiar with and accept the duties imposed by Section 607.0505 Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES**
Date: **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	[DELETE]
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	3634 N.W. 13TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	[DELETE]
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	3634 N.W. 13TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[CHANGE] [DELETE]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[CHANGE] [DELETE]
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[CHANGE] [DELETE]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[CHANGE] [DELETE]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[CHANGE] [DELETE]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[CHANGE] [DELETE]
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9), 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, with all other like empowerments.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/199)