

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S97924

1. Corporation Name
PLAZA CIBELES CAFE, INC.

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

Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145

2. Principal Place of Business
 21 **2300 Coral Way**
 Suite, Apt. #, etc.
 22 **Suite # 200**
 City & State
 23 **Miami Florida**
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 **2300 Coral Way**
 Suite, Apt. #, etc.
 27 **Suite # 200**
 City & State
 28 **Miami Florida**
 Zip Country
 29 [] 30 []

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) **800002896936--5**
 83 **-04/12/99--01135--018**
******150.00 ****150.00**
 84 City **FL** 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]*
 Signature, by individual named of registered agent, and Not Applicable

AMADA CANTERA LOPEZ, President
 (Title, Position, Name, and Signature of Registered Agent)

3/27/99
 Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	GARCIA, ROGELIO	
STREET ADDRESS	6233 GRAND CANAL ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	STD	[] DELETE
NAME	GARCIA, JOANNA	
STREET ADDRESS	6233 GRAND CANAL ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
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 [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowered.

SIGNATURE: *[Signature]*
JOANNA GARCIA, DIRCT.
 Signature and Title or Printed Name of Signing Officer or Director

3/27/99
 Date

APPROVED AND FILED

99 APR -9 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Organized: **12/02/1991**
- 4. FEI Number: **65-0310726** 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
- 8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [] No
- 10. Name and Address of New Registered Agent

0217126

CR2E034 (11/98)