

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V24370** (1)

1. Corporation Name
LARIOS ON THE BEACH, INC.



Principal Place of Business: **C/O ESTEFAN ENTERPRISES, INC. 6205 BIRD ROAD MIAMI FL 33155**
Mailing Address: **C/O ESTEFAN ENTERPRISES, INC. 6205 BIRD ROAD MIAMI FL 33155**

3. Date Incorporated or Qualified: **03/27/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 820 OCEAN DRIVE**
Suite, Apt #, etc.:
City & State: **22 MIAMI BEACH, FLORIDA**
Zip: **24 33139**
Country: **25**

2a. Mailing Address: **26 555 JEFFERSON AVENUE**
Suite, Apt #, etc.:
City & State: **27 MIAMI BEACH, FLORIDA**
Zip: **29 33139**
Country: **30**

4. FEI Number: **65-0326017**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HERNANDEZ, LUIS F
C/O ESTEFAN ENTERPRISES INC.
6205 BIRD ROAD
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **555 JEFFERSON AVENUE**
83
84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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: **LUIS F. HERNANDEZ**
Signature: typed or printed name of registered agent and date applied, etc. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PSTD** DELETE
NAME: **ESTEFAN, EMILIO J**
STREET ADDRESS: **6205 BIRD ROAD**
CITY - ST - ZIP: **MIAMI FL**

2. TITLE: **S** DELETE
NAME: **FAJARDO, REBECCA**
STREET ADDRESS: **6205 BIRD ROAD**
CITY - ST - ZIP: **MIAMI FL**

3. TITLE: **C** DELETE
NAME: **HERNANDEZ, LUIS F**
STREET ADDRESS: **6205 BIRD ROAD**
CITY - ST - ZIP: **MIAMI FL**

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Luis F. Hernandez* **3/11/96** (305) 534-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)