

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V24370 (1)
1. Corporation Name
LARIOS ON THE BEACH, INC.

Principal Place of Business: **555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US**
Mailing Address: **555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1992	
21		26		4. FEI Number 65-0326017	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ESTEFAN ENTERPRISES, INC. 555 JEFFERSON AVENUE MIAMI BEACH FL 33139				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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTEFAN, EMILIO J		1.2 NAME		
STREET ADDRESS	6205 BIRD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAJARDO, REBECCA		2.2 NAME	PSTD	
STREET ADDRESS	6205 BIRD ROAD		2.3 STREET ADDRESS	Emilio J. Estefan	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	555 Jefferson Avenue	
TITLE	C	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Miami Beach, FL 33139	
NAME	HERNANDEZ, LUIS F		3.2 NAME		
STREET ADDRESS	6205 BIRD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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*****2700.00 ***150.00**

Handwritten: 4/22/98

14. I 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 attachment with an address.

SIGNATURE: _____ DATE: **4/18/98**

CR2E034 (10/97)