

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

FILED  
May 07 1997 8:00am  
Secretary of State

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 # **V 38060**

1. Corporation Name  
**LARIOS RESTAURANT MANAGEMENT, Inc.**

Principal Place of Business      Mailing Address  
**% Valdes-Fauli CORP Birschuff + Kress PA 8200 Ocean Drive**  
**2 S Biscayne Blvd. Suite 3400 Miami Beach, FL.**  
**Miami, FL. 33131-1897 33139**  
**USA**

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>5-21-1992</b> 3a. Date of Last Report <b>3/96</b> 4. FEI Number <b>63-0336954</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**Hernandez-Torano, Jorge L.**  
**2 S. Biscayne Blvd.**  
**Suite 3400 - One Biscayne Tower**  
**Miami, FL. 33131-1897**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10340 N.W. 46 TERRECE	1.2 NAME	
CITY-STATE-ZIP	Miami, FL.	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	
STREET ADDRESS	10340 N.W. 46 TERRECE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	Miami, FL.	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	10340 N.W. 46 TERRECE	2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	Miami, FL.	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	10340 N.W. 46 TERRECE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL.	3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10340 N.W. 46 TERRECE	4.2 NAME	
CITY-STATE-ZIP	Miami, FL.	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 as changed, or on an attachment with an address.

SIGNATURE: **Caemen Larios** **CAEMEN LARIOS** **4-28-97** **(305) 632-9577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)