

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 PM 1:33

DOCUMENT # 534357 (9)

**1. Corporation Name
LA TIJERA CORP.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
1801 S.W. 1ST STREET 1801 S.W. 1ST STREET
MIAMI FL 33135 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---------------------------------------|-------------------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/18/1977 | 3a. Date of Last Report 04/14/1994 |
| 21 Suits, Apt. #, etc. | 26 Suits, Apt. #, etc. | 4. FEI Number 59-1743497 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|-----------|--------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RODRIGUEZ, JUAN M. 2011 S.W. 18 STREET MIAMI FL 33145 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 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]* **04/10/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---|--|--|
| P | RODRIGUEZ, JUAN M. 2011 S.W. 18 ST. MIAMI FL | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| S | RODRIGUEZ, CARMEN 2011 S.W. 18 ST. MIAMI FL | 12 NAME | Delete |
| V | RODRIGUEZ, JUAN M., JR 2011 S.W. 18 ST. MIAMI FL | 13 STREET ADDRESS | |
| VI | RODRIGUEZ, ANNE MARE 2011 S.W. 18 ST. MIAMI FL | 14 CITY - ST - ZIP | |
| | | 21 TITLE | |
| | | 22 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 23 STREET ADDRESS | |
| | | 24 CITY - ST - ZIP | |
| | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 32 NAME | |
| | | 33 STREET ADDRESS | |
| | | 34 CITY - ST - ZIP | |
| | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 42 NAME | |
| | | 43 STREET ADDRESS | |
| | | 44 CITY - ST - ZIP | |
| | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 52 NAME | |
| | | 53 STREET ADDRESS | |
| | | 54 CITY - ST - ZIP | |
| | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 62 NAME | |
| | | 63 STREET ADDRESS | |
| | | 64 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 110.07(3)(b), 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: *[Signature]* **04/10/95** **305-643-2121**
Signature and typed or printed name of signing officer or director (Date) (Telephone)