

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90041 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 534357

1. Corporation Name
LA TIJERA CORP.



| | |
|---|---|
| Principal Place of Business 1601 S.W. 1ST STREET MIAMI FL 33135 | Mailing Address 1601 S.W. 1ST STREET MIAMI FL 33135 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1977

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. |
|--|--|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1743497 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|------------------|------------------|
| 22. City & State | 27. City & State |
|------------------|------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | |
|---------|---------|
| 23. Zip | 28. Zip |
|---------|---------|

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

| | |
|-------------|-------------|
| 24. Country | 29. Country |
|-------------|-------------|

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, JUAN M. | 1.2 NAME | |
| STREET ADDRESS | 2011 S.W. 18 ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, JUAN M., JR | 2.2 NAME | |
| STREET ADDRESS | 2011 S.W. 18 ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ANNE MARIE | 3.2 NAME | |
| STREET ADDRESS | 2011 S.W. 18 ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | |

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, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 **305-643-2121**
 Date Daytime Phone #

CR2E034 (1/1/98)