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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90044 030 ***150.00

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DOCUMENT # F97000001173

1. Corporation Name
LIGIA, INC.

Principal Place of Business	Mailing Address
725 SE 9TH CT HIALEAH FL 33010	725 SE 9TH CT HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/06/1997

2. Principal Place of Business	2a. Mailing Address
21 17707 NW Miami Ct.	26 17707 NW Miami Ct.
Suite, Apt. #, etc. 22 Suite 1A	Suite, Apt. #, etc. 27 Suite 1A.
City & State 23 N. Miami, FL	City & State 28 N. Miami, FL
Zip 24 33169 Country 25 USA	Zip 29 33169. Country 30 USA

4. FEI Number: 17-5238513 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 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
VAN VEENENDAAL, LIGIA 725 SE 9TH CT HIALEAH FL 33010	81 Name: LIGIA VAN Veenendaal. 82 Street Address (P.O. Box Number is Not Acceptable): 17707 NW Miami Ct. 83: Suite 1A 84 City: N. Miami FL 85 Zip Code: 33169.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN VEENENDAAL, LIGIA		1.2 NAME	
STREET ADDRESS	4407 SHAVANO WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78249		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMMERS, MICHELLE		2.2 NAME	
STREET ADDRESS	14142 SAGE TR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78231		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 02/05/99 305 4933399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #