

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000003899 (0)

1. Corporation Name
LA HUELLA AZUL, INC.



Principal Place of Business: **14245 SOUTHWEST 94 CIRCLE LANE, #101 MIAMI FL 33186**
 Mailing Address: **14245 SOUTHWEST 94 CIRCLE LANE, #101 MIAMI FL 33186**

3. Date Incorporated or Qualified: **08/15/1995**
 3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0603072** Applied For: Not Applicable
 5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**AMERILAWYER, CHARTERED
 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as provided 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 jurisdiction of Section 617.0503, Florida Statutes.

SIGNATURE By: *Natalia Utrera* **Natalia Utrera** DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GOMEZ, LUIS MARCELINO	
STREET ADDRESS	14245 SOUTHWEST 94 CIRCLE LANE, #101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OTERO, ANA T	
STREET ADDRESS	14245 SOUTHWEST 94 CIRCLE LANE, #101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CASTELLANOS, REBECA	
STREET ADDRESS	14245 SOUTHWEST 94 CIRCLE LANE, #101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, HECTOR	
STREET ADDRESS	14245 SOUTHWEST 94 CIRCLE LANE, #101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALVO, JORGE A	
STREET ADDRESS	14245 SOUTHWEST 94 CIRCLE LANE, #101	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eduardo Chavez
2.3 STREET ADDRESS	14245 Southwest 94 Circle Lane, #101
2.4 CITY-ST-ZIP	Miami, Florida 33186
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mabel Moyano
3.3 STREET ADDRESS	14245 Southwest 94 Circle Lane, #101
3.4 CITY-ST-ZIP	Miami, Florida 33186
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DT Hector Gutierrez
4.3 STREET ADDRESS	14245 Southwest 94 Circle Lane, #101
4.4 CITY-ST-ZIP	Miami, Florida 33186
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jose Villahomat
5.3 STREET ADDRESS	14245 Southwest 94 Circle Lane, #101
5.4 CITY-ST-ZIP	Miami, Florida 33186
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900001879099
6.3 STREET ADDRESS	-06/28/96--01038--019
6.4 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)