

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K32093** (2)
1. Corporation Name
LAGOMAR INVESTMENT, INC.

Principal Place of Business Mailing Address
% PEDRO A. MARTIN
701 BRICKELL AVENUE, 16TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/30/1988** 3a. Date of Last Report **04/25/1994**
4. FEI Number **65-0100291** 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

2. Principal Place of Business Mailing Address
21 **c/o Antonio F. Alentado, CPA** 25 **c/o Antonio F. Alentado, CPA**
1149 S.W. 27th Avenue 26 **1149 S.W. 27th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 203** 27 **Suite 203**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
24 **33135** 25 **USA** 29 **33135** 30 **USA**

9. Name and Address of Current Registered Agent
MARTIN, PEDRO A.
701 BRICKELL AVENUE
16TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **Martin, Pedro A., Esquire**
82 Street Address (P.O. Box Number is Not Acceptable) **Greenberg Traurig**
83 **1221 Brickell Avenue**
84 City **Miami** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 607.0503 and 607.1509, 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 _____
Signatures (Typed or printed name of registered agent and the filer) (Typed or printed name of registered agent) (Typed or printed name of filer)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHAR, HENRY
STREET ADDRESS	% 1149 S.W. 27TH AVE#203
CITY, ST, ZIP	MIAMI FL
TITLE	VTD
NAME	CHAR, CECILIA
STREET ADDRESS	% 1149 S.W. 27TH AVE#203
CITY, ST, ZIP	MIAMI FL
TITLE	VSD
NAME	CHAR, HENRY, JR.
STREET ADDRESS	% 1149 S.W. 27TH AVE#203
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 included 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: *Henry M. Char*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-95