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 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50749** **(3)**

1. Current Corporate Name
LA ROMANA ENTERPRISE CORPORATION

Principal Place of Business
9405 S.W. 8TH TERRACE
MIAMI FL 33174

Mailing Address
9405 S.W. 8TH TERRACE
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **06/03/1994**

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

4. FEI Number: **65-0349617** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENRIQUEZ, CHRISTIAN
9405 S.W. 8TH TERRACE
MIAMI FL 33174

10. Name and Address of New Registered Agent

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 607.0505 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 (If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, Registered Agent must type or print name) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PS	41 TITLE	☐ Change ☐ Addition
32 NAME	HENRIQUEZ, CHRISTIAN	42 NAME	
33 STREET ADDRESS	9405 S.W. 8TH TERRACE	43 STREET ADDRESS	
34 CITY ST ZIP	MIAMI FL 33174	44 CITY ST ZIP	
35 TITLE	VT	45 TITLE	☐ Change ☐ Addition
36 NAME	DELGADO, ALTAGRACIA	46 NAME	
37 STREET ADDRESS	9405 S.W. 8TH TERRACE	47 STREET ADDRESS	
38 CITY ST ZIP	MIAMI FL 33174	48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY ST ZIP		52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is absolutely furnished and 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 changed/or on an attachment with an address.

SIGNATURE: CHRISTIAN HENRIQUEZ 5-1-95 305-227-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B0561 CP