

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19451

FILED
Apr 16, 2018
Secretary of State
CC2044748613

Entity Name: LCBE CORPORATION

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

FEI Number: 65-0156095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name BRAVO, VICTORIA E
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

Title DVP
Name BRAVO, JUAN LUIS
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

Title DVP
Name BRAVO DE ESCOBAR, ANA L
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

Title DT
Name BRAVO DE ISAZA, CLARA M
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

Title DS
Name BRAVO DE VELEZ, MARIA C
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

Title DAS
Name BRAVO DE PRIETO, SILVIA
Address 2121 PONCE DE LEON BLVD. 1050
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRAVO , VICTORIA E

DP

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date