

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19451

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: VICTORIA E BRAVO

DP

01/22/2015

Electronic Signature of Signing Officer/Director Detail_____
Date