FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 337498

(0)

LA ESPONOLA PRODUCTS INC

May 19 1998 8:00am Secretary of State

FILED

LA COI	ONOLA PHODOCIS INO		CHANGE		
Dringing Bloo	of Ducinosa	Mailing Address	- K	<u> </u>	
Principal Place of Business		Mailing Address	_		
926 N W 7TH AVENUE MIAMI FL 33136		928 N W 7TH AVENUE			
mirmi 1000		BRICKETT TO		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				11/08/1968	
	lace of Business	28. Mailing Address	117197	4. FEI Number	Applied For
21	# oto	26 <i>F. U. LSOX</i> Suite, Apt. #, etc.	900/04	59-1221297	Not Applicable
Suite, Apt.	₩, Q (C.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 MIANII.	CL.	Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	8. This corporation owes or has paid the o	
24	25	29 33245	30 DADE	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent 2704		10. Name and Address of New Registere	d Agent
ALVAREZ, FAUSTO BI Name ROLANDO E. LEIVA CPAIPA					
2828 CORAL - WAY SUITE #410			ess (P.O. Box Number is Not Acceptable)		
- (d)	AMI FL 33145		LAK	ESIDE COMMONS O	OFFICE PARK
			83 216	00 541 5074 128	C-#302
			84 City		85 Zip Code
	-		1/1/2	ANIII F	F 33/17
11. Pursuant to	to the provisions of Sections 607.0502 e giste red agent, or both, in the State o	and 607,1508, Florida Statute f Florida_Such change was at	s, the above-named corp uthorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
agent. La	n familiar with and accept the obligati	ions of (Sec)ion 607.0505, Flor	rida Statutes.		-6-95
SIGNATURE	Signalure, typod or posted name of registered agout	Jews C	Registered Agent signature require	VDo E-LEIVA S	-3-18
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	•	Change Addition
NAME	CASASUS, JOSE RAMON		1.2 NAME		
STREET ADDRESS	3895 SW 68 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	GRABIEL, MAYRA		2.2 NAME		
STREET ADDRESS	928 N.W. 7TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	GRABIEL, ARTURO		3.2 NAME		
STREET ADDRESS	3138 SW 22 TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DEL€TE	3.4. CITY-ST-ZIP		Change Addition
TITLE		L' DELETE	4.1 TITLE		CHANGE CHANGING
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L-J DECEL	5.2 NAME		and another first sections
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DEL€TE	6.1 TITLE	A CONTRACTOR OF THE CONTRACTOR	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		j
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ertify that the information supplied with	this filling does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

In hereby definity that the information supplied with this hing does not quality for the exemption stated in section 119.7(5)(f), refords statutes. Individe complemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

A.A...

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(NIMETOR)

03/19/98

305-529-1094