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

**CORPORATION** ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23 1998 8:00am Secretary of State

DOCU	MENT # 413563	3 (8)					
		(-)					
LA MU	DERNA POESIA, INC.						. 4
Principal Place of Business Mailing Address				<del></del>	-	. 01811 018(1 01 <u>0</u> (	I QUANT DEBA
5246 SW 8TH ST. 5246 SW 8TH ST.							
MIAMI FL 33134 MIAMI FL 33134							
					DO NOT WRITE IN THIS	SPACE	<del></del>
					3. Date Incorporated or Qualified		
9 Principal P	Place of Business	2a. Mailing Address			11/28/1972 4. FEI Number		plied For
21	lace of Bosiness	26. Walling Address			59-1469059		of Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	
22 27					5. Certificate of Status Desired	Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country Zip		Country	•	8. This corporation owes or has paid the cu		
24	4 25 29 30					_	] No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	Agent	
ALVAREZ, MAGDALENA			81	Name			
5246 SW 8TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 221			63				
MIA	AMI FL 33134						
			84	City	FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				e-named corp	poration submits this statement for the purpose of	t changing it	s registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by	the corporat	tion's board of directors. I hereby accept the app	ointment as	registered
-	in ignikal with and accept the obligi	ations of, Section 607.6365, Flor	naa olalalos	<b>.</b>			
SIGNATURE	Signature, typed or printed name of registered age	nt and titln if applicable (NOTE	. Registered Age	ent signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE			1.1 TITLE			∐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP TITLE			1.4 CITY - ST 2.1 TITLE	T-ZIP		Change	Addition
	GUTIERREZ, ADA					☐ Citailge	
NAME STREET ADDRESS	74.44 A 111 A 711 A 7		2.2 NAME 2.3 STREET	ADDBECC			
CITY-ST-ZIP	AMAKAI MI		2.3 STREET				
TITLE			3.1 TITLE	51- ZIF		Change	Addition
NAME	ALVAREZ ORESTES JR.	_	3.2 NAME			•	
STREET ADDRESS	MALA ALL AND AN		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP				
TITLE	•	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	4.3		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP			
TITLE		☐ DELET <b>E</b>	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				ĺ
STREET ADDRESS			5.3 STREET				1
CITY-ST-ZIP		□ nci cte	5.4 CITY-ST	r-zip		Change	Addition
TITLE			6.1 TITLE			Cuange	MOUNDIN
NAME PTREET ADDRESS			6.2 NAME	*DDDCCC			ļ
•			6.3 STREET				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY - S1	1-ZIP	One the 140 OT/OVA Franks One to the territory		

I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an accordance.

2/18/08 (200) 448-4825