FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 439013 (4)

1. Corporate Name
LA PAZ APARTMENTS, INC.

Principal Place of Business
% MARIO PAZ
1131 FALCON AVENUE
MIAMI SPRINGS FL 33166

Mailing Address
% MARIO PAZ
1131 FALCON AVENUE
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 10/30/1973
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22 / 27
City & State — 23 / 28
24 25 29 30

4. FEI Number: 59-1568552 — 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. Does corporation meet small business criteria under Florida Statutes? (✓) Yes ( ) No

9. Name and Address of Current Registered Agent

PAZ, MARIO
1131 FALCON AVE
MIAMI SPRINGS FL 33166

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 Section 607.0123, Florida Statutes, the officer named, pursuant to Section 607.0123, Florida Statutes, the statement of business in the office of business registered office or registered agent in lieu of 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 607.0123, Florida Statutes.

SIGNATURE

12. Officers and Directors

TITLE	T
NAME	PAZ, INGRID
STREET ADDRESS	1131 FALCON AVE
CITY ST ZIP	MIAMI SPRGS FL
TITLE	V
NAME	PAZ, MARINA
STREET ADDRESS	1131 FALCON AVE
CITY ST ZIP	MIAMI SPRGS FL
TITLE	P
NAME	PAZ, MARIO
STREET ADDRESS	1131 FALCON AVE
CITY ST ZIP	MIAMI SPRGS FL
TITLE	S
NAME	PAZ, RONALD
STREET ADDRESS	8728 SW 114 PLACE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. Additions, Changes to Officers and Directors

TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	( ) Change ( ) Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, including any attached pages, does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of this report, or on an attached sheet, with an address.

SIGNATURE: 4-12-95 (305) 888-8782

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING DIRECTOR OR DIRECTOR
MARIO PAZ

0180240 CP