

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **444641** (5)  
1. Corporation Name  
**LA HACIENDA INC.**



Principal Place of Business: 13120 OLD CUTLER RD, MIAMI FL 33156, US  
Mailing Address: 13120 OLD CUTLER RD, MIAMI FL 33156, US

3. Date Incorporated or Qualified: 01/18/1974  
3a. Date of Last Report: 08/01/1995  
4. FEI Number: 59-1505710  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: ESCAGEDO, GREGORIO, JR., 13120 OLD CUTLER RD, MIAMI FL 33156  
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ESCAGEDO, GREGORIO 13120 OLD CUTLER RD MIAMI FL	1.1 TITLE:	
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: VD	ESCAGEDO, GREGORIO, III 13180 OLD CUTLER RD MIAMI FL	2.1 TITLE:	SD
NAME:		2.2 NAME:	Beatrice C. Escagedo
STREET ADDRESS:		2.3 STREET ADDRESS:	13120 Old Cutler Rd
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	Miami, FL.
TITLE: SD	ESCAGEDO, MARIA EUGENIA 13160 OLD CUTLER RD MIAMI FL	3.1 TITLE:	DT
NAME:		3.2 NAME:	Escagedo Maria Eugenia
STREET ADDRESS:		3.3 STREET ADDRESS:	13160 Old Cutler Rd
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	Miami, FL
TITLE: TD	ZARRALUQUI, JOSE 2215 ARCH CREEK DRIVE NORTH MIAMI FL	4.1 TITLE:	D
NAME:		4.2 NAME:	Zarraluqui Jose L
STREET ADDRESS:		4.3 STREET ADDRESS:	13140 Pld Cutler Rd.
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Miami FL
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT: Escagedo Jr PD  
March 15, 1996  
946 253-4340 Daytime Phone #

CR2E034 (12/95)