


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 09 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 444641 (5)**

1. Corporation Name  
**LA HACIENDA INC.**



Principal Place of Business <b>13120 OLD CUTLER RD                  MIAMI FL 33156                  US</b>	Mailing Address <b>13120 OLD CUTLER RD                  MIAMI FL 33156                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>01/18/1974</b>		3a. Date of Last Report <b>03/20/1996</b>	
4. FEI Number <b>59-1505710</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21 13120 Old Cutler Road</b>		2a. Mailing Address <b>26</b>	
Sulte, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 MIAMI, FLORIDA 33156</b>		City & State <b>28</b>	
Zip <b>24 33156</b>	Country <b>25 DADE</b>	Zip <b>29</b>	Country <b>30</b>

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 Name: GREGORIO ESCAGEDO JR.  
 82 Street Address (P.O. Box Number is Not Acceptable): 13120 Old Cutler Road  
 83 Miami, Florida, 33156  
 84 City  
 85 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESCAGEDO, GREGORIO</b>		1.2 NAME	
STREET ADDRESS <b>13120 OLD CUTLER RD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEATRICE C ESCAGEDO</b>		2.2 NAME	
STREET ADDRESS <b>13120 OLD CUTLER RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESCAGEDO MARIA EUGENIA</b>		3.2 NAME	
STREET ADDRESS <b>13160 OLD CUTLER RD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 address.

SIGNATURE **GREGORIO ESCAGEDO PRESIDENT** SEPTEMBER FIRST, 1997

CR2E034 (4/97)