Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90170 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 444641

1. Corporation Name

LA HACIE	enda inc.							
Principal Place of Business Mailing Address 13120 OLD CUTLER RD 13120 OLD CUTLER RD				·				
MIAMI FL 33156 US MIAMI FL 33156 US US					DO NOT WRITE IN THIS SPACE			
•		·			3. Date Incorporated or Qualifed 01/18/1974			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1	plied For	
21		26		_	59-1505710		t Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	quired	
City & State		City & State		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country 25		ountry	<u> </u>	This corporation owes the current year I Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		<u>- T</u>		10. Name and Address of New Registere	d Agent		
			81	Name			}	
ESCAGEDO, GREGORIO, JR. 13120 OLD CUTLER RD			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33156			83					
			84	City		85 Zip (Code	
			1 1	•	je maki su 🖡			
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, the of Florida. Such change was authorized ions of, Section 607.0505, Florida St	e above- zed by ti tatutes.	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	gistered	
SIGNATURE		(NOTE Position	and Agent	eigenture neguire	d when reinstating) DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN		3.	Signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD		1 TITLE	:		☐ Change	☐ Addition	
NAME	ESCAGEDO, GREGORIO	1.7	2 NAME		•			
STREET ADDRESS	13120 OLD CUTLER RD	1.5	3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4 CITY-ST	ZIP				
TITLE	SD	DELETE 2.	1 TITLE			Change	Addition	
NAME	BEATRICE C ESCAGEDO	2.3	2 NAME				l	
STREET ADDRESS	13120 OLD CUTLER RD	2.3	3 STREET	ADDRESS				
CITY-ST-ZIP			4 CITY-ST	-ZIP		Change	Addition	
TITLE	DT		1 TITLE		·	Cuange	Addition	
NAME.	ESCAGEDO MARIA EUGENIA		2 NAME		•			
STREET ADDRESS	13160 OLD CUTLER RD		3 STREET		*•		ļ	
CITY-ST-ZIP	MIAMI FL		4. CITY-S1	-ZIP		☐ Change	☐ Addition	
TITLE	,	- "	1 TITLE				_	
NAME		•	. 2 NAME	*DODECC			.	
STREET ADDRESS	-		3 STREET	i		-	ł	
CITY-ST-ZIP			4 CITY-ST	-212		☐ Change	Addition	
TITLE			.2 NAME	ļ		•		
NAME			.3 STREET	ADDRESS				
STREET ADDRESS		The state of the s	4 CITY-ST					
CITY-ST-ZIP			1 TITLE			Change	Addition	

CITY-ST-ZIP 14. 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 feeling amount of the corporation of the corporation or the feeling amount of the corporation of the corporation or the feeling amount of the corporation of the corporation or the feeling amount of the corporation of th

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED AME O