

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 # **451060** (8)

1. Corporation Name
LA LECHONERA PRODUCTS, INC.



Principal Place of Business: **2161 N.W. 22ND COURT MIAMI FL 33142-4340**
Mailing Address: **2161 N.W. 22ND COURT MIAMI FL 33142-4340**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1974	3a. Date of Last Report 02/13/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1641448		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEJUTO, LUIS J 1500 NE 129TH STREET NORTH MIAMI FL 33142				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 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: _____ (Signature, typed or printed name of registered agent and the date) DATE: _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJUTO, LUIS	2. 2 NAME	
STREET ADDRESS	520 BRICKELL KEY DR 115	3. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 6 NAME	
STREET ADDRESS		7. 7 STREET ADDRESS	
CITY - ST - ZIP		8. 8 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	9. 9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. 10 NAME	
STREET ADDRESS		11. 11 STREET ADDRESS	
CITY - ST - ZIP		12. 12 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	13. 13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. 14 NAME	
STREET ADDRESS		15. 15 STREET ADDRESS	
CITY - ST - ZIP		16. 16 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	17. 17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. 18 NAME	
STREET ADDRESS		19. 19 STREET ADDRESS	
CITY - ST - ZIP		20. 20 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: *Luis Mejuto* **1-30-96** (305) 635-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)