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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

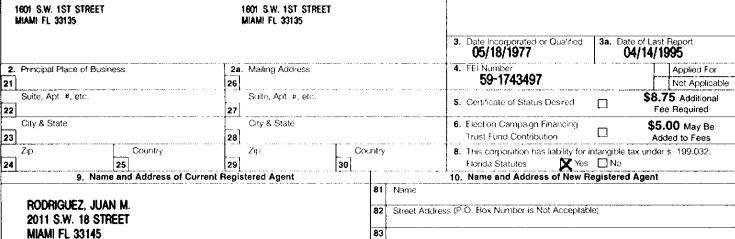
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534357 DOCUMENT #

1. Corporation Name

LA TIJERA CORP

Principal Place of Business Mailing Address



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Florety accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

2.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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ME	RODRIGUEZ, JUAN M.		1.2 NAME	
REET ADDRESS	2011 S.W. 18 ST.		1.3 STREET ADDRESS	
TY-ST-ZIP	MIAMI FL		1.4 Cilly - ST - ZIP	
l F	V	☐ DELÉTE	2 1 TITLE	☐ Change ☐ Additio
ME	RODRIGUEZ, JUAN M., JR		2.2 NAME	
REET ADDRESS	2011 S.W. 18 ST.		2.3 STREET ADDRESS	
TY-ST-ZIP	MIAMI FL		2.4 C(TY - S1 - Z)P	
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ME	RODRIGUEZ, ANNE MARIE		3 2 NAME	
REET ADDRESS	2011 S.W. 18 ST.		3.3 STREET ADDRESS	
TY-ST-ZIP	MIAMI FL		3.4 CITY ST-ZIP	
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ME			4.2 NAME	
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LME .			5.2 NAME	
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TY-ST-ZIP			5 4 CITY - S1 - ZIP	
rle		DELETE	6 1 TITLE	Cnange Additio
NME .			6.2 NAMe	
REET ADDRESS			6 3 STREET ADDRESS	
TY-ST-ZIF			6.4 CHY+S1+ZIP	

14. Ho 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 chapted, or or an attachment with an address.

SIGNATURE

lan M. Colorisses

85

Zip Code

305-643-2121