FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 540549 (3)

1. Corporate Name
LA SELECTA, INC.

Principal Office Address
2500 NORTHEAST 2ND AVENUE
MIAMI FL 33137

Mailing Address
2500 NORTHEAST 2ND AVENUE
MIAMI FL 33137

3. Date of Incorporation or Qualification: 06/16/1977
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-1925527
Applied For / Not Applicable

Date Affiliated
22

Date Affiliated
27

5. Certificate of Status Desired: $8.75 Additional Fee Required

Title
23

Title
28

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

City
24 25

City
29 30

8. The corporation has added by amendment pursuant to 106.032 Florida Statutes: ✓ Yes No

9. Name and Address of Current Registered Agent

REGALTZ, RAQUEL
11850 SW 189 ST
MIAMI FL 33177

10. Name and Address of New Registered Agent

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 Section 607.325, Florida Statutes, the above named corporation submits the 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 duties and responsibilities of registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DA
NAME	PERALTA, RAQUEL
STREET ADDRESS	11850 SW 189 ST
CITY, ST, ZIP	MIAMI FL
TITLE	DA
NAME	PERALTA, MARIO C.
STREET ADDRESS	11850 SW 189 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
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TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
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)(i), Florida Statutes. Further I 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 this corporation or has never or hereafter approved to conclude the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof with an address.

SIGNATURE: Raquel Peralta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-95
Date

576-1377
Daytime Phone #

0143615 CP