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Block 12 or Block 13 if changed, or on an attachmon

FILED Mar 31 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) 540549 LA SELECTA, INC. Principal Place of Business Mailing Address 2500 NORTHEAST 2ND AVENUE 2500 NORTHEAST 2ND AVENUE MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1977 4. FEI Numbe 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-1925527 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes Zip Country Ζıp Country Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REGALTZ, RAQUEL 11850 SW 189 ST Street Address (P.O. Box Number is Not Acceptable 82 **MIAMI FL 33177** 63 84 City 1041 11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with t SIGNATURE (NOTE: Registered Agent signature required when reinstating) lle if limblicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 OFFICERS AND 12. DIRECTORS 13. PRESIDENT, VICEPLES IDENT, DIRECT Change DELETE TITLE 1.1 TITLE PERALTA, RAQUEL PEDRO PORTILLO NAME 1.2 NAME 11850 SW 189 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME PERALTA, MARIO C. 2.2 NAME 11850 SW 189 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling 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 60 an altigraphypes with an address.

03/23/98 (305)576-7199