

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544397

(3)

1. Corporation Name

LAGUNITA CORP.

Principal Place of Business

**8798 S.W. 8TH STREET
SUITE 1
MIAMI, FL 33174**

Mailing Address

**8798 S.W. 8TH STREET
SUITE 1
MIAMI, FL 33174**

**APPROVED
AND
FILED**

1995 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800001490738
-05/17/95--01049--013
****208.75 ****208.75**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1977

3a. Date of Last Report

02/11/1994

4. FEI Number

59-1838474

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FORMENT, ROBERTO
2000 S. DIXIE HIGHWAY
SUITE 113
MIAMI, FL 33133**

10. Name and Address of New Registered Agent

81 Name

FERNANDEZ, DORITA C.

82 Street Address (P.O. Box Number is Not Acceptable)

8798 S.W. 8TH STREET

83

SUITE 1

84 City

MIAMI

85 FL

Zip Code

33174

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

SHERRILL, ALLEN E.

2000 S. DIXIE HWY #113

MIAMI, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/V/T

FORMENT, ROBERTO

2000 S. DIXIE HWY #113

MIAMI, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

FORMENT, ROBERTO

2000 S. DIXIE HWY #113

MIAMI, FL 33133

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 12

1.1 TITLE

P/D

☒ Change ☐ Addition

1.2 NAME

COUTTENYE, BLANCA KEY DE

1.3 STREET ADDRESS

8798 S.W. 8TH STREET #1

1.4 CITY - ST - ZIP

MIAMI, FL 33174

2.1 TITLE

V/D

☒ Change ☐ Addition

2.2 NAME

COUTTENYE, INGERBORG DE

2.3 STREET ADDRESS

8798 S.W. 8TH STREET #1

2.4 CITY - ST - ZIP

MIAMI, FL 33174

3.1 TITLE

T/D

☒ Change ☐ Addition

3.2 NAME

COUTTENYE B., FRANS

3.3 STREET ADDRESS

8798 S.W. 8TH STREET #1

3.4 CITY - ST - ZIP

MIAMI, FL 33174

4.1 TITLE

S

☒ Change ☐ Addition

4.2 NAME

DEL COLLADO, ANIOLIN

4.3 STREET ADDRESS

8798 S.W. 8TH STREET #1

4.4 CITY - ST - ZIP

MIAMI, FL 33174

5.1 TITLE

VS?

☒ Change ☐ Addition

5.2 NAME

FERNANDEZ, DORITA C.

5.3 STREET ADDRESS

8798 S.W. 8TH STREET #1

5.4 CITY - ST - ZIP

MIAMI, FL 33174

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 supplementary 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, and as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORITA C. FERNANDEZ

APR 13 1995

(305) 553-8904