

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 # 544397 (3)

1. Corporation Name

LAGUNITA CORP.

Principal Place of Business

Mailing Address

C/O DELCO REALTY, INC.
8798 SW 8TH STREET
MIAMI FL 33174

C/O DELCO REALTY, INC.
8798 SW 8TH STREET
MIAMI FL 33174



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

09/01/1977

3a. Date of Last Report

05/01/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, DORITA C
8798 S.W. 8TH ST.
STE. #1
MIAMI FL 33174

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COUTTENYE, BLANCA KEY DE
STREET ADDRESS 8798 S.W. 8TH ST. #1
CITY-ST-ZIP MIAMI FL 33174

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME COUTTENYE, INGERBORG DE
STREET ADDRESS 8798 S.W. 8TH ST. #1
CITY-ST-ZIP MIAMI FL 33174

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME COUTTENYE, FRANS B
STREET ADDRESS 8798 S.W. 8TH ST. #1
CITY-ST-ZIP MIAMI FL 33174

3.1 TITLE V
3.2 NAME COUTTENYE, JUAN CARLOS
3.3 STREET ADDRESS 8798 SW 8TH ST #1
3.4 CITY-ST-ZIP MIAMI FL 33174

TITLE S
NAME DEL COLLADO, ANTOLIN
STREET ADDRESS 8798 S.W. 8TH ST. #1
CITY-ST-ZIP MIAMI FL 33174

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VS
NAME FERNANDEZ, DORITA C
STREET ADDRESS 8798 S.W. 8TH ST. #1
CITY-ST-ZIP MIAMI FL 33174

5.1 TITLE T
5.2 NAME FERNANDEZ, DORITA C.
5.3 STREET ADDRESS 8798 SW 8TH ST #1
5.4 CITY-ST-ZIP MIAMI FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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:

DORITA C. FERNANDEZ

APR 27 1996 (305) 553-8904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)