FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90275 005 ***158.75

DOCUMENT # 544397

LAGUNITA CORP.

Principal Place of Business Mailing Address						 	10 B1811 B1811 B1811 1	FIEH GIBIT 1881
C/O DELCO REALTY. INC.		C/O DELCO REALTY, INC.						
8798 SW 8TH STREET		8798 SW 8TH STREET			DO NOT MOUTS IN T	UC CDACE		
MIAMI FL 33174 MIAM		MIAMI FL 33174	MIAMI FL 33174		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	115 SPACE		
						09/01/1977		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26			59-1838474	⊢	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				* *	Additional	
22		27		• •	.5, .Certificate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing		May Be	
		28			Trust Fund Contribution		to Fees	
Zip			Country			8. This corporation owes the current year	Intangible Yes	□No
24	25	29 30				Personal Property Tax. 10. Name and Address of New Register		CINO
	9. Name and Address of Current	Registered Agent	81	Name		10. Hame and Address of free Hogistes		
FERNANDEZ, DORITA C			ليبا					
	S.W. 8TH ST.		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
STE. #1			83			,		
MIAMI FL 33174							or Zin	Code
			84	′		F	· L	
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: Register				nt signature i	required i	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		3DC IN 12
TILE	PD OFFICERS AND	OFFICERS AND DIRECTORS 13.			Ī	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
,	COUTTENYE, BLANCA KEY DE		1.2 NAME					_
NAME STREET ADORESS	8798 S.W. 8TH ST. #1		1.3 STREET	TADDRESS				
STREET ADDRESS CITY-ST-ZIP	**************************************		1.4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	COUTTENYE, INGERBORG DE		2.2 NAME					
STREET ADDRESS			2.3 STREET	T ADDRESS				
C/TY-ST-ZIP	MIAMI-FL 33174 2.40		2. 4 CITY- S	ST-ZIP		ب ب ب بسید دید		
TITLE	V	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	COUTTENYE, JUAN C		3.2 NAME		ļ			Į
STREET ADDRESS	8798 S.W. 8TH ST. #1		3.3 STREE	T ADDRESS				}
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				Addition
TITLE	S	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	DEL COLLADO, ANTOLIN		4. 2 NAME					
STREET ADDRESS				T ADDRESS				
City-St-ZiP			4.4 CITY-S 5.1 TITLE	I-ZIP			☐ Change	Addition
TITLE	FERNANDEZ, DORITA C		5.2 NAME					_ "
NAME	8798 S.W. 8TH ST. #1			T ADDRESS				ł
STREET ADDRESS	MIAMI FL		5.4 CITY-S					
CITY-ST-ZIP	MANAGE I	☐ DELETE	6.1 TITLE	·			Change	Addition
			62 NAME			•)

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 on 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, of an all attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS