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

PROFIT CORPORATION ANNUAL REPORT

1997

THU:

STREET ADDRESS

SIGNATURE

C'TY - \$1 - 2H



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 28 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 599345

(6)

LA ARBOLEDA OF MIAMI, INC.

Principal Place of Business Mailing Address 915 N.W. 106TH AVENUE CIRCLE 915 N.W. 106TH AVENUE CIRCLE MIAMI FL 33172 MIAMI FL 33172-3122 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1979 02/02/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1884460 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional IV 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2.0 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GONZALEZ, RICARDO A. 915 N.W. 106 AVE.CRCL 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 84 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. (NOTE: Registered Agent signature required when reinstating) Signature typica or precioence of each agestered agent and little disciplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. VD DELETE Change Addition 1.1 TITLE 101.6 GONZALEZ, ANDRES 1.2 NAME NAME 915 NW 106TH AVE CIR STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THE GONZALEZ, RICARDO A NAME 2.2 NAME 915 NW 106TH AVE CIR STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 2.4 CITY-ST-ZIP CHY-ST-Z@ DEL ETE Addition 3.1 TITLE THILE GONZALEZ, ALICIA NAME 3.2 NAME 915 NW 106TH AVE CIR 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY - \$1 - ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAM: 4. 2 NAME STREET ASSIST 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-SI-7P DELETE Change Addition 1111.5 5.1 DH F NAM-5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIF

DELETE

61 TITLE

6.2 NAME

14. I do 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 point or suppliemental 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 officer 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. Blood of the officer or national with an address.

6 3 STREET ADDRESS 6 4 CITY-S1-ZIP

RKARDO BONZALES