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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 760663 (5)

1. Corporation Name
LIGA ECUATORIANA DE FLORIDA INC

800001500928
-05/30/95--01018--009
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12227 S.W. 132ND COURT MIAMI FL 33186	12227 S.W. 132ND COURT MIAMI FL 33186

3. Date Incorporated or Qualified: 11/10/1981
3a. Date of Last Report: 11/07/1994
4. FEI Number: 59-1102060 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 12227 SW. 132 NCt.	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIAMI - FL.	28 City & State
24 Zip: 33186 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

DUENAS, PATRICIO A
7852 S.W. 128 PLACE
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: VALERO, MARTHA F
82 Street Address (P.O. Box Number is Not Acceptable): 8899 D S.W. 133 Ct.
83
84 City: MIAMI - FL. FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Martha F Valero
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 04-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	D	☒ Change ☐ Addition
NAME	KING, GUSTAVO M	12 NAME	VALERO, MARTHA F.	
STREET ADDRESS	1316 NORMANDY DR	13 STREET ADDRESS	8899 D S.W 133 Ct.	
CITY ST ZIP	MIAMI BCH FL	14 CITY ST ZIP	MIAMI - FL. - 33186	
TITLE	P	21 TITLE	D	☒ Change ☐ Addition
NAME	MOLINA, IVONNE	22 NAME	VERGARA	
STREET ADDRESS	12111 S.W. 93 STREET	23 STREET ADDRESS	10190 SW 137 Ct.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI - FL. - 33186	
TITLE	T	31 TITLE	D	☒ Change ☐ Addition
NAME	DUENAS, PATRICIO	32 NAME	VALERO CARLOS	
STREET ADDRESS	7852 S.W. 128 PLACE	33 STREET ADDRESS	8899 D S.W. 133 Ct.	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI - FL - 33186	
TITLE	D	41 TITLE	T	☒ Change ☐ Addition
NAME	VALERO, CARLOS	42 NAME	GUEVARA, JAIME E.	
STREET ADDRESS	8899D S.W. 133 CT.	43 STREET ADDRESS	9737 SW. 147 Ct.	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI. FL. - 33196	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	TREA 5-24-95	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

REMITTED BY MAY 1

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha F Valero 04-30-95 385-7163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000319