

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62345

1. Entity Name

LA GOMERA INVESTMENT CORPORATION

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90156 043 ***150.00

Principal Place of Business C/O ACC GROUP 1101 BRICKELL AVE., STE 402 MIAMI FL 33131	Mailing Address C/O RJVF CORPORATE SERVICES, INC STEEL/HECTOR/DAVIS/200 S BIS BLVD #4000 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>RJVF Corporate Services, Inc.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>200 S. Biscayne Blvd.</i>	
City & State		City & State <i>Suite # 4100 - Miami</i>	
Zip	Country	Zip <i>FI 33131</i>	Country

4. FEI Number 65-0737796	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. RJVF CORPORATE SERVICES, INC STEEL/HECTOR/DAVIS/200 S BISC BLVD #4000 MIAMI FL 33131		7. Name and Address of New Registered Agent Name <i>RJVF Corporate Services, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>c/o Steel Hector & Davis, LLP</i> <i>200 S. Biscayne Blvd., Ste # 4100</i> City <i>Miami</i> FL Zip Code <i>33131</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE	DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORDERO-CASAL, ALI 1101 BRICKELL AVE., STE 402 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORDERO-CASAL, PEDRO 1101 BRICKELL AVE., STE 402 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO-CASAL, MARIELA 1101 BRICKELL AVE., STE 402 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO-CASAL, CARMEN LEONOR 1101 BRICKELL AVE., STE 402 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO-CASAL D, MARIA J 1101 BRICKELL AVE., STE 402 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:	Date <i>4/26/01</i> Daytime Phone #

CR2E034 (10/00)