

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2001 90156 043 ***150.00

DOCUMENT # G62345

1. Entity Name
LA GOMERA INVESTMENT CORPORATION

| | |
|--|---|
| 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 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business | 3. Mailing Address RJVF Corporate Services, Inc. |
| Suite, Apt. #, etc. 200 S. Biscayne Blvd. | Suite, Apt. #, etc. |

| | | |
|---|------------------------------------|--|
| City & State Suite # 4100 - Miami | 4. FEI Number 65-0737796 | Applied For <input type="checkbox"/> Not Applicable |
|---|------------------------------------|--|

| | | | | |
|---------------------|----------------------|---------------------|---------|--|
| Zip 33131 | Country FI | Zip 33131 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|----------------------|---------------------|---------|--|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 RJVF CORPORATE SERVICES, INC
 STEEL/HECTOR/DAVIS/200 S BISC BLVD #4000
 MIAMI FL 33131**

Name
RJVF Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
clo Steel HECTOR + DAVIS, LLP
200 S. Biscayne Blvd., Ste # 4100
 City **MIAMI** FL Zip Code **33131**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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. **\$5.00 May Be Added to Fees**

| 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
Date

Daytime Phone #

CR2E034 (10/00)