

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
- ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:26

DOCUMENT # L13656 (8)

1. Corporation Name
LA ESPADA CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8777 COLLINS WAY
APT. 203
SURFSIDE, FL 33154**

Mailing Address
**2440 CORAL WAY
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 06/28/1994
4. FEI Number 65-0142504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under § 199.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip	2b. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip
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9. Name and Address of Current Registered Agent PINO, RUAL F., ESQ. 2440 CORAL WAY MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPT RODRIGUEZ, ANGELO 172 PALOMA DRIVE CORAL GABLES, FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VS RODRIGUEZ, YAMILET 172 PALOMA DRIVE CORAL GABLES, FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not constitute an admission of liability for the corporation stated in Sections 199.002 and 199.004, Florida Statutes. I further certify that the information included on this annual report or any supplemental annual report is true and correct and that my signature shall have the same legal effect as it would under oath. That I am an officer or director of the corporation or the recipient of the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, on Block 1a if applicable, or the appropriate block with an additional signature.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/26/95