

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L61126 (3)**

1. Corporation Name  
**LA MURCIANA, INC.**

Principal Place of Business Mailing Address  
**5534 N.W. 72 AVENUE MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1990** 3a. Date of Last Report **02/23/1994**

4. FEI Number **65-0186895** 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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**JOSE SAEZ-NAVARRO  
5534 N.W. 72 AVENUE  
MIAMI FL 33166**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAEZ-NAVARRO, JOSE
STREET ADDRESS	5534 N.W. 72ND AVENUE
CITY ST ZIP	MIAMI FL 33166
TITLE	VP
NAME	ROMANO, DORA L
STREET ADDRESS	5534 N.W. 72ND AVENUE
CITY ST ZIP	MIAMI FL 33166
TITLE	S
NAME	SAEZ, ANDRES G
STREET ADDRESS	5534 N.W. 7ND AVENUE
CITY ST ZIP	MIAMI FL 33166
TITLE	T
NAME	SAEZ, ANDREA S
STREET ADDRESS	5534 N.W. 72ND AVENUE
CITY ST ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and claim not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted in 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. I am an officer or director of the corporation. No person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on the attachment with my address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. J. J.*