

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L61126 (3)

1. Corporation Name

LA MURCIANA, INC.

Principal Place of Business

5534 N.W. 72 AVENUE
MIAMI FL 33166

Mailing Address

5534 N.W. 72 AVENUE
MIAMI FL 33166



3. Date Incorporated or Qualified

03/30/1990

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 5534 N.W. 72 AV.

26 5534 N.W. 72 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

23 MIAMI FLORIDA

27 City & State

28 MIAMI FLORIDA

24 Zip

25 33166

Country

29 Zip

30 33166

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSE SAEZ-NAVARRO
5534 N.W. 72 AVENUE
MIAMI FL 33166

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 607.0507 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SAEZ-NAVARRO, JOSE
STREET ADDRESS 5534 N.W. 72ND AVENUE
CITY-STATE-ZIP MIAMI FL 33166

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME ROMANO, DORA L
STREET ADDRESS 5534 N.W. 72ND AVENUE
CITY-STATE-ZIP MIAMI FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME SAEZ, ANDRES G
STREET ADDRESS 5534 N.W. 7ND AVENUE
CITY-STATE-ZIP MIAMI FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME SAEZ, ANDREA S
STREET ADDRESS 5534 N.W. 72ND AVENUE
CITY-STATE-ZIP MIAMI FL 33166

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate. 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 employed by the corporation; that the information is not being changed, or on an attachment with an address.

SIGNATURE:

JOSE SAEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 (305) 887-6417

Date Daytime Phone #

CR2E034 (12/95)