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FILED
Aug 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # C61126

1. Corporation Name

LA MURCIANA, INC.

Principal Place of Business / Mailing Address

5534 N.W.72 Avenue
Miami,Fl 33166

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 5534 N.W.72 AV.
Suite, Apt. #, etc.
22
City & State
23 MIAMI,FLORIDA
Zip 24 33166 Country 25 US

2a. Mailing Address
26 5534 N.W.72 Avenue
Suite, Apt. #, etc.
27
City & State
28 MIAMI,FLORIDA
Zip 29 33166 Country 30 US

9. Name and Address of Current Registered Agent

JOSE SAEZ-NAVARRO
1921 N.W. 132 CT.
Miami,FL 33182

10. Name and Address of New Registered Agent

81 Name: JOSE SAEZ-NAVARRO
82 Street Address (P.O. Box Number is Not Acceptable): 1021 N.W.132 CT.
83
84 City: MIAMI FL 85 Zip Code: 33182

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: Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	SAEZ-NAVARRO,JOSE	12 NAME
STREET ADDRESS	1021 N.W.132 CT.	13 STREET ADDRESS
CITY-ST-ZIP	Miami,Fl 33182	14 CITY-ST-ZIP
TITLE	VP ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	NORTES,FUENSANTA	22 NAME
STREET ADDRESS	Dalvian,casa22,manzana 39	23 STREET ADDRESS
CITY-ST-ZIP	MENDOZA,ARGENTINA	24 CITY-ST-ZIP
TITLE	S ☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	ROMANO,DORA LUISA	32 NAME
STREET ADDRESS	1021 N.W.132 CT.	33 STREET ADDRESS
CITY-ST-ZIP	Miami,FL 33182	34 CITY-ST-ZIP
TITLE	T ☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	SAEZ,ANDRES GUSTAVO	42 NAME
STREET ADDRESS	1021 N.W.132 CT	43 STREET ADDRESS
CITY-ST-ZIP	MIAMI,FL 33182	44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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14. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: 8/10/98

SIGNATURE AND TYPED OR PRINTED NAME OF PERSONS OFFICER OR DIRECTOR DATE

CR2E034 (10/97)