

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT #** *L 94 000000 329*

1. Corporation Name

*TRANSISIONES LA FUENTE, L.C.*

Principal Place of Business Mailing Address

*3191 NW 99 AVE  
MIAMI, FLA. 33172*

3. Date of Incorporation or Qualification *7/18/1994* 3a. Date of Last Report *3/30/1995*

4. FLL Number *6F-0507741* 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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*PAUL LA FUENTE  
3191 N. W. 99<sup>th</sup> AVE.  
MIAMI, FLA. 33172*

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 assume the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Paul Lafuente* **PAUL LA FUENTE**

*JUNE 12/1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *DP* NAME *PAUL LA FUENTE* [ ] DELETE  
STREET ADDRESS *3191 N. W. 99<sup>th</sup> AV.*  
CITY- ST- ZIP *MIAMI, FLA. 33172*

11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE *S* NAME *ANTONIA C. LA FUENTE* [ ] DELETE  
STREET ADDRESS *3191 N. W. 99<sup>th</sup> AVE.*  
CITY- ST- ZIP *MIAMI, FLA. 33172*

15 TITLE [ ] Change [ ] Addition  
16 NAME  
17 STREET ADDRESS  
18 CITY- ST- ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

19 TITLE [ ] Change [ ] Addition  
20 NAME  
21 STREET ADDRESS  
22 CITY- ST- ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

23 TITLE [ ] Change [ ] Addition  
24 NAME  
25 STREET ADDRESS  
26 CITY- ST- ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

27 TITLE [ ] Change [ ] Addition  
28 NAME  
29 STREET ADDRESS  
30 CITY- ST- ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

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**-07/11/96--01009--002**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *Paul Lafuente*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JUNE 12/1996*

*5/11/96*

CR2E034 (12/95)