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 MAY -1 PM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97270** **(7)**

1. Corporation Name
LA CACICA, INC.

Principal Place of Business	Mailing Address
9429 FOUNTAINBLEAU 104 MIAMI FL 33172 US	9429 FOUNTAINBLEAU 104 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1990**	3a. Date of Last Report: **04/22/1994**
4. FEI Number: **65-0217259**	☐ 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	26 7891 W Flagler St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 353
City & State 23	City & State 28 Miami, Florida
Zip 24 / Country 25	Zip 29 33144 / Country 30

9. Name and Address of Current Registered Agent

VICTORIA, CLEMENCIA A.
9429 FONTAINEBLEAU BLVD.
SUITE 104
MIAMI FL 33172

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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) (Signature of New Registered Agent, if changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, SALVADOR A.	12 NAME	
STREET ADDRESS	9429 FONTAINEBLEAU BLVD	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	VICTORIA, CLEMENCIA A.	22 NAME	
STREET ADDRESS	9429 FONTAINEBLEAU BLVD	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	VICTORIA, CLEMENCIA A.	32 NAME	
STREET ADDRESS	9429 FONTAINEBLEAU BLVD	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an alteration.

SIGNATURE: [signature] 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0187377 CP