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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M26305** **(6)**

1. Corporation Name

LANDY CORP.

Principal Place of Business	Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130	1036 S.W. 1 ST. MIAMI FL 33130

3. Date Incorporated or Qualified: **01/23/1986**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 2300 CORAL WAY
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA
24 Zip: 33145 25 Country: US.

2a. Mailing Address
26 2300 CORAL WAY
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA
29 Zip: 33145 30 Country: US.

4. FEI Number: **59-1353188** ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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 hereby accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] AMADA CANTERA LOPEZ, PRES DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ORLANDO JR		1.2 NAME	400001813464
STREET ADDRESS	31 SHORE DR N		1.3 STREET ADDRESS	-05/08/96--01063--009
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, MAGGI		2.2 NAME	
STREET ADDRESS	31 SHORE DR N		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ORLANDO		3.2 NAME	
STREET ADDRESS	31 SHORE DR N		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$1513

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: [signature] 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MAGGI GARCIA