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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M26611 (7) LESPRICA INTERNATIONAL INC.					# 1 00(00 #) (100 110)# #693# #7			
Principal Place	of Business	Mailing Address		·				
C/O CAPRILES. GUILLERMO 20281 EAST COUNTRY CLUB DRIVE MAMM FL 30180		20281 EAST COUN	CAPRILES. GUILLERMO 20281 EAST COUNTRY CLUB DRIVE MIAMI FL 33180					
US	_	US US			3. Date Incorporated or Quali		of Last F	
2. Principal Pla	ace of Business	2a. Mailing Addings:			01/29/1986 4. FEI Number)1/20/19	
		26			59-2162347		-	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suile, Apt. #, etc.						Additional
Cit , P. Ctoto		27			5. Certificate of Status Desire	a		Required
City & State	;	City & State			6. Election Campaign Financia	ng 🔲		0 May Be
Zip	Country	Zip	Count	rv	Trust Fund Contribution			d to Fees
	25	29	30	• •	This corporation has liability Florida Statutes	riorintangible ta Yes M No	ix under s	199.032,
	Name and Address of Curre	ent Registered Agent			10. Name and Address of N		Agent	
			8	1 Name				
	ES, GUILLERMO		8:	2 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
20281 E UNIT 12	EAST COUNTRY CLUB DRIVE		8:	2				
	202 FL 33180			"				
MIN-NAIL L	L 33100		84	4 City		FL	85 Zi	p Code
1. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Stal	utes, the above	-named corpo	oration submits this statement for the	P Duranese of cha	ingino ite r	egistered office
 Pursuant to or registere familiar with 	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607,1508, Florida Stal rida. Such change was autho ction 607,0505, Florida Statul	utes, the above rized by the cor	-named corpo poration's boa	oration submits this statement for the ard of directors. I hereby accept the	purpose of cha appointment as	inging its r registered	egistered offic agent. I am
IGNATURE	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec					purpose of cha appointment as	inging its r registered	egistered offic agent. I am
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SIGNATURE:

ED NAME OF BIOHING OFFICER OR DIRECTOR

Daytone Phone #