FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M40053** **(4)**

1. Corporation Name
LYGMAR INVESTMENTS, INC.

Principal Place of Business
% CHEFFY CORP POBA INTERNATIONAL 010
PO BOX 52-1398
MIAMI FL 33152-1308
US

Mailing Address
% CHEFFY CORP POBA INTERNATIONAL 101
PO BOX 52-1398
MIAMI FL 33152-1308
US

3. Date Incorporated or Qualified: 10/15/1986
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 52-1513755 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
CORPORATION COMPANY OF MIAMI
201 SO BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 607.1506, 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 of New Registered Agent if Agent is a Corporation — Typed or Printed Name of Person Signing — Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SALVATIERRA, IGNACIO L.	
STREET ADDRESS	16731 HARBOR DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVT	☐ DELETE
NAME	SALVATIERRA, ROBERTO I.	
STREET ADDRESS	16731 HARBOR C.T.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	SALVATIERRA, MARIELA	
STREET ADDRESS	16731 HARBOR C.T.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AS	☐ DELETE
NAME	FERRER, ESTEBAN A.	
STREET ADDRESS	100 CHOPIN PLAZA 16 FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attached sheet with its address.

SIGNATURE: Ignacio Salvatierra 01/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)