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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M40053

(4)

Mailing Address

LYGMAR INVESTMENTS, INC.

| % CHEFFY CORP POBA INTERNATIONAL 010 PO BOX 52-1398 MIAMI FL 33152-1308 US | | PO BOX 52-13 | % CHEFFY CORP POBA INTERNATIONAL 101 PO BOX 52-1398 MIAMI FL 33152-1398 US | | | | Date Incorporated or Qualified 10/15/1986 | | e of Last f | l eport |
|---|---|--|---|--------------------------|---|-------------------|--|--|---------------------------------------|-----------------------------|
| 2 Principal P | age of Euripage | 2a. Mailing Ad | droce | | | | 4. FEI Number | 02/0 | | |
| —¬ | | | | | | | 52-1513755 | | | pplied For |
| Suite, Apt | # etc | 26 Suite, Apt. | # etc | | | | 92-1919/99 | | · · · · · · · · · · · · · · · · · · · | ot Applicable Additional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | | * | equired |
| City & State |) | City & Star | te | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | | Country | | | 8. This corporation has liability for i | ntangible t | | |
| 24 | | | | 30 | | | Florida Statutes | | | |
| | 9. Name and Address of Currer | nt Registered Ager | nt | | | | 10. Name and Address of New Re | gistered A | gent | |
| COF | RPORATION COMPANY OF MIA | MI | | 1 | B1 | Name | | | | |
| 201 SO BISCAYNE BLVD | | | | h | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | , |
| 1600 MIAMI CENTER | | | | [| | 3,,550,7,60 | | | | |
| MIA | MI FL 33131 | | | Ī | B3 | | | | | |
| | | | | - - | B4 | City | | | Ar I Zin | Codo |
| | | | | ' | | City | | FL | 85 Zip | Code |
| office or re | o the provisions of Sections 607.050 ggistered agent, or both, in the State m familiar with, and accept the oblig | of Florida. Such ch | nange was a | authorized | þу | the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of ot the appo | changing i intment as | ts registered registered |
| SIGNATURE . | | | , | | | | | | | |
| | Signature, typed or printed name of registered age | | INOT | | Agen | nt signature requ | ired when reinstating) | DATE | DIDECTO | 20 11 40 |
| 12. | OFFICERS AN | | DELETE | 13. | - | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| TITLE | | اسا | DELETE | | _ | | | ı | | |
| NAME | SALVATIERRA, IGNACIÓ L. 16731 HARBOR DR. | | | 1.2 NAM | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL DVT | ··· | DELETE | 1.4 CIT | | · 21P | | - 1 | | Addition |
| TITLE | | | DELETE | 2.1 7(1) | | | · | ı | Change | () Addition |
| NAME | SALVATIERRA, ROBERTO I. 16731 HARBOR C.T. | | | 2.2 NAN | | | | | | |
| STREET ADDRESS | FT. LAUDERDALE FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | DS | | DELETE | 2. 4 CIT | | T- ZIP | | | Change | Addition |
| MIE | | لسا | DECETE | 3.1 TiTe | | | | | Change | ☐ Addition |
| NAME | SALVATIERRA, MARIELA | | | 3.2 NAM | | | | | | |
| STREET ADDRESS | 16731 HARBOR C.T. | | | | | ADDRESS | | | | |
| CITY-ST-7IP | FT LAUDERDALE FL | | DELETE | 3.4. CIT 4.1 TITE | | 1 - ZIP | | | Change | ☐ Addition |
| NAME | as Ferrer, esteban A. | | DLLLIL | 4.1 IIII 4.2 NA | | | | ŀ | — J DIRINGE | A0010018 |
| | 100 CHOPIN PLAZA 16 FLR | | | | - | 4DODCCC | - · · · · | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | MIAMI FL | ···· | DELETE | 4.4 CIT | _ | - ZIP | | | Change | Addition |
| TITLE | | L | PLLLIE | 5.1 TITI | | | | | — Unange | LT WOULDOLD |
| NAME OTREET ADDRESS | | | | 52 NA | | *D00000 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-SI-7IP | | | DELETE | 5.4 CIT | | - ZIP | | | Change | Addition |
| TITLE | | Li | DELLIE | 61 TITI | | | | Į | CIRCIDS | ☐ Aggiagii |
| NAME | | | | 6.2 NA | | . Boores | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| 11. 1 do beret | ov cortifu that the information a malic | d with this filing do | ee not eucli | 64 CIT | | | ed in Section 119.07(3)(i), Florida Statute | e I further | cortify the | t the |
| information | n indicated on this annual report or s ficer or director of the corporation of | supplemental annual the receiver or 10 | al report is t ee empoy | rue and a vered to ex | CCUI | rate and the | at my signature shall have the same lega ort as required by Chapter 607, Florida S | a i iuririer il effect as statutes; an | if made und that my | ider oath; that name |