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 11 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M45548** **(8)**

1. Corporation Name

NUEVO MUNDO LOT HOLDING INC.

Principal Place of Business	Mailing Address
% OWEN S. FREED **150 WEST FLAGLER STREET #2200** **MIAMI FL 33130**	**% OWEN S. FREED** **150 WEST FLAGLER STREET #2200** **MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/27/1987	**03/17/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **59-2759182** ☐ 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 filingfee tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREED, OWEN S. **150 W FLAGLER ST, #2200** **MIAMI FL 33130**	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 607.1508, 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
41	DP	41	DP ☒ Change ☐ Addition
42 NAME	ZUBILLAGA, JUAN LUIS	42 NAME	Zubillaga, Juan Luis
43 STREET ADDRESS	[redacted]	43 STREET ADDRESS	160 Solano Prado
44 CITY-ST-ZIP	[redacted]	44 CITY-ST-ZIP	Coral Gables, FL 33156
51	DV	51	DV ☒ Change ☐ Addition
52 NAME	ZUBILLAGA, MARIA D.A.	52 NAME	Zubillaga, Maria D.A.
53 STREET ADDRESS	[redacted]	53 STREET ADDRESS	160 Solano Prado
54 CITY-ST-ZIP	[redacted]	54 CITY-ST-ZIP	Coral Gables, FL 33156
61	DS	61	☐ Change ☐ Addition
62 NAME	FREED, OWEN S.	62 NAME	
63 STREET ADDRESS	550 PUERTA	63 STREET ADDRESS	
64 CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP	
71		71	☐ Change ☐ Addition
72 NAME		72 NAME	
73 STREET ADDRESS		73 STREET ADDRESS	
74 CITY-ST-ZIP		74 CITY-ST-ZIP	
81		81	☐ Change ☐ Addition
82 NAME		82 NAME	
83 STREET ADDRESS		83 STREET ADDRESS	
84 CITY-ST-ZIP		84 CITY-ST-ZIP	
91		91	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is effectively identical 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 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 with an address, with an asterisk (*) in front of that address.

SIGNATURE: OWEN S. FREED Attorney at Law 5/10/95 **305-374-8**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0127087 CP