CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M52846 (6)

1. Corporation Name
INVERSIONES LY B ONE CORP.

Principal Place of Business	Mailing Address
~~1011 S.W. 132ND AVE.~~ ~~MIAMI FL 33186~~ ~~US~~	~~P.O. BOX 161480~~ ~~11011 S.W. 132ND AVENUE~~ ~~MIAMI FL 33116~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/28/1987	02/24/1994

2. Principal Place of Business	2a. Mailing Address
21 370 Minorca Avenue	26 370 Minorca Avenue
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Coral Gables	City & State 28 Coral Gables
Zip / Country 24 33134 / 25 Dade	Zip / Country 29 33134 / 30 Dade

4. FEI Number: 59-2838423 ☐ 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

~~MUJICA, GERMAN N.~~
~~11011 S.W. 132ND AVENUE~~
~~MIAMI FL 33186~~

10. Name and Address of New Registered Agent

81 Name: Miguel M. Gonzalez, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 370 Minorca Avenue
83: Suite 5
84 City: Coral Gables FL 85 Zip Code: 33134

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: Miguel M. Gonzalez 4/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~MUJICA, GERMAN~~	12 NAME	500001459035
STREET ADDRESS	~~11011 SW 132ND AVENUE~~	13 STREET ADDRESS	-04/18/95--01073--012
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	~~SD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~CORRIGAN, JOHN F., JR.~~	22 NAME	
STREET ADDRESS	~~444 BRICKELL AVE. 200~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☒ Change ☐ Addition
NAME		32 NAME	PD Renate Castan
STREET ADDRESS		33 STREET ADDRESS	370 Minorca Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		41 TITLE	☒ Change ☐ Addition
NAME		42 NAME	S Miguel M. Gonzalez, Esq.
STREET ADDRESS		43 STREET ADDRESS	370 Minorca Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 attachment with an address.

SIGNATURE: Renate Castan, President 2/24/95 (305)461-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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