

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90014 036 ***150.00

DOCUMENT #M 61612

1. Corporation Name
LA PRESNA CENTROAMERICANA, INC ✓

Principal Place of Business
10404 W. FLAGLER ST.
#4
MIAMI, FL. 33174

Mailing Address
10404 W. FLAGLER ST
#4
MIAMI, FL. 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1987

4. FEI Number

65-0049134 ✓

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ORTEGA FRANCISCO A.
721 S.W. 102 AVE.
MIAMI, FL 33174

10. Name and Address of New Registered Agent

81 Name JOSE R. ORTEGA

82 Street Address (P.O. Box Number is Not Acceptable)
11150 S.W. 70 LANE

83

84 City MIAMI

FL

85 Zip Code 33173

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROQUE R. LACAYO	1.2 NAME	
STREET ADDRESS	8625 N.W. 8TH. ST. # 106	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO A. ORTEGA SR.	2.2 NAME	
STREET ADDRESS	721 S.W. 102 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33174	2.4 CITY-ST-ZIP	
TITLE	TREASURER/DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO A. ORTEGA JR.	3.2 NAME	
STREET ADDRESS	721 S.W. 102 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33174	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	FILEMON D. ORTEGA
STREET ADDRESS		4.3 STREET ADDRESS	15665 S.W. 57 CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOSE R. ORTEGA
STREET ADDRESS		5.3 STREET ADDRESS	11150 S.W. 70 LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LUISA O. RUIZ
STREET ADDRESS		6.3 STREET ADDRESS	14961 S.W. 75 TER.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL. 33193

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]

JOSE R. ORTEGA

04-26-99

(305) 221-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)