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 APR 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M84271** **(9)**

1. Corporation Name
LA ESTANCIA, INC.

Principal Place of Business	Mailing Address
19345 S.W. 240 ST HOMESTEAD FL 33031	19345 S.W. 240 ST HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1988**
3a. Date of Last Report: **04/28/1994**

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

4. FEI Number: **65-0054455** ☐ 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

PINTO-TORRES, FRANCISCO J.
8370 WEST FLAGLER ST.
SUITE 118
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: STEVEN D. LOSNER
82 Street Address (P.O. Box Number is Not Acceptable): 65 N.W. 16th St.
83
84 City: Homestead FL 85 Zip Code: 33030

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SARRIA, MIGUEL ANGEL 19345 S.W. 240 ST. HOMESTEAD FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition VP Carmen Helena Sarria Edwards
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SARRIA, HELENA CARMEN 19345 S.W. 240 ST. HOMESTEAD FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition DS Carmen Helena Sarria Edwards 19345 S.W. 240 St. Homestead, FL. 33031
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SARRIA, HELENA CARMEN 19345 S.W. 240 ST. HOMESTEAD FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition VP Carmen Helena Sarria Edwards 19345 S.W. 240 St. Homestead, FL. 33031
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARRIA, JIMMY JESUS M. 19345 S.W. 240 ST. HOMESTEAD FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition D Carmen Helena Sarria Edwards 19345 S.W. 240 St. Homestead FL. 33031
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARRIA, LUZ ANGELA 19345 SW 240TH ST HOMESTEAD FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition D Carmen Helena Sarria Edwards 19345 S.W. 240 St. Homestead FL 33031
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 4/6/23

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)(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.

SIGNATURE: Carmen Edwards — 4-22-95 — 245-6726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116078 CP