

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003899 (0)**

1. Corporation Name

**LA HUELLA AZUL, INC.**



Principal Place of Business

Mailing Address

**14245 SOUTHWEST 94 CIRCLE LANE, #101  
MIAMI FL 33186**

**14245 SOUTHWEST 94 CIRCLE LANE, #101  
MIAMI FL 33186**

3. Date Incorporated or Qualified  
**08/15/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number  
**65-0603072**

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

10. Name and Address of New Registered Agent

**AMERILAWYER, CHARTERED  
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

By:

**Natalia Utrera**

Signature, type or print 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

☐ DELETE

NAME

**GOMEZ, LUIS MARCELINO**

STREET ADDRESS

**14245 SOUTHWEST 94 CIRCLE LANE, #101**

CITY - ST - ZIP

**MIAMI FL 33186**

TITLE

V

☒ DELETE

NAME

**OTERO, ANA T**

STREET ADDRESS

**14245 SOUTHWEST 94 CIRCLE LANE, #101**

CITY - ST - ZIP

**MIAMI FL 33186**

TITLE

SD

☒ DELETE

NAME

**CASTELLANOS, REBECA**

STREET ADDRESS

**14245 SOUTHWEST 94 CIRCLE LANE, #101**

CITY - ST - ZIP

**MIAMI FL 33186**

TITLE

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☐ DELETE

NAME

**GUTIERREZ, HECTOR**

STREET ADDRESS

**14245 SOUTHWEST 94 CIRCLE LANE, #101**

CITY - ST - ZIP

**MIAMI FL 33186**

TITLE

D

☒ DELETE

NAME

**SALVO, JORGE A**

STREET ADDRESS

**14245 SOUTHWEST 94 CIRCLE LANE, #101**

CITY - ST - ZIP

**MIAMI FL 33186**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D

☐ Change ☒ Addition

Eduardo Chavez

14245 Southwest 94 Circle Lane, #101

Miami, Florida

33186

☒ Change ☐ Addition

SD

Mabel Moyano

14245 Southwest 94 Circle Lane, #101

Miami, Florida

33186

☐ Change ☒ Addition

DT

Hector Gutierrez

14245 Southwest 94 Circle Lane, #101

Miami, Florida

33186

☐ Change ☒ Addition

D

Jose Villahomat

14245 Southwest 94 Circle Lane, #101

Miami, Florida

33186

☐ Change ☐ Addition

900001879099

-06/28/96--01038--019

\*\*\*\$1.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)