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May 08 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000005927 (7)

1. Corporation Name

ESTALLIDO DE PAZ, INC.



Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD. APT 407  
MIAMI FL 33181

11111 BISCAYNE BLVD. APT 407  
MIAMI FL 33181-3404

3. Date Incorporated or Qualified  
12/18/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 12000 Biscayne Blvd  
Suite, Apt. #, etc.

26 SAME  
Suite, Apt. #, etc.

22 Suite # 608  
City & State

27  
City & State

23 North Miami, FL  
Zip

28  
Zip

24 33181 Country U.S.A.

29 Country 30

4. FEI Number  
65-0632378

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

LACASA, ARMANDO E ESQ.  
3191 CORAL WAY 3RD FLOOR  
MIAMI FL 33145

81 Name  
ELIZABETH SANCHEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
12000 Biscayne Boulevard

83 Suite # 608

84 City North Miami

FL 85 Zip Code 33181

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SANCHEZ, ELIZABETH  
STREET ADDRESS 11111 BISCAYNE BLVD. APT 407  
CITY-ST-ZIP MIAMI FL 33181

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HALVORSSSEN, NELLY  
STREET ADDRESS 11111 BISCAYNE BLVD. APT 407  
CITY-ST-ZIP MIAMI FL 33181

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MASEDA, VICTOR  
STREET ADDRESS 4035 NO. MERIDIAN AVENUE APT 7-A  
CITY-ST-ZIP MIAMI BEACH FL 33140

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE (D) ☐ DELETE  
NAME PARDO, EDUARDO  
STREET ADDRESS 114 Mendosa #25  
CITY-ST-ZIP Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE (D) ☐ DELETE  
NAME PEREZ, CARMEN V.  
STREET ADDRESS 11111 Biscayne Blvd APT 405  
CITY-ST-ZIP Miami, FL 33181

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97  
Date

Daytime Phone # 0033600

CR2E037 (9/96)