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May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000050540 (2)

1. Corporation Name
LA DORADA USA, INC.

Principal Place of Business	Mailing Address
2699 SOUTH BAYSHORE DR. SUITE 3000 MIAMI FL 33133	2699 SOUTH BAYSHORE DR. SUITE 3000 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993

2. Principal Place of Business	2a. Mailing Address
21 177 Giralda Avenue	26 177 Giralda Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

4. FEI Number: 65-0482107 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEHRMAN, JEFFREY E ESQ. 2699 S BAYSHORE DR #300D MIAMI FL 33133	81 Name: Valdes-Fauli Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd. 83: Suite 3400 84 City: Miami FL 85 Zip Code: 33131

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: _____ Raul E. Valdes-Fauli, President 4/30/98
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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LEHRMAN, JEFFREY E ESQ.		1.2 NAME	Cabeza, Felix	
STREET ADDRESS	2699 S BAYSHORE DR #300D		1.3 STREET ADDRESS	177 Giralda Avenue	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		☐ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME			2.2 NAME	Cabeza, Felix	
STREET ADDRESS			2.3 STREET ADDRESS	177 Giralda Avenue	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002532600	
STREET ADDRESS			6.3 STREET ADDRESS	-05/22/98--01010--038	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: _____ Felix Cabeza 4/30/98 (305) 446-2002