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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:21

DOCUMENT # P94000040901 (8)

1. Corporation Name
LA RWVIA CORP.

Principal Place of Business	Mailing Address
9695 N.W. 79TH AE. BAY #6 HIALEAH GARDENS FL 33016	9695 N.W. 79TH AE. BAY #6 HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0502197 ☐ 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

TEJADA, WELLINGTON
18246 N.WE. 160TH TERRACE NORTH
MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: EDUARDO A. PICHARDO
82 Street Address (P.O. Box Number is Not Acceptable): 9695 N.W. 79TH AVE # BAY #6
83
84 City: MIAMI FL 85 Zip Code: 33016

11. Pursuant to the provisions of Section 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] 3/01/95
(Typed or printed name of person signing) (Title of person signing if signing on behalf of corporation) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	TEJADA, WELLINGTON	12 NAME	EDUARDO A. PICHARDO	
STREET ADDRESS	18246 MEDITERRANEAN BLVD. #1 005	13 STREET ADDRESS	9695 N W 79TH AVE BAY # 6	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	MIAMI FLORIDA 33016	
TITLE	VD	21 TITLE	VICEPRESIDENT	☑ Change ☐ Addition
NAME	CASTILLO, JUAN	22 NAME	PEDRO A. VILLAMAN	
STREET ADDRESS	868 N.E. 160TH TERRACE NORTH	23 STREET ADDRESS	9695 N W 79TH AVE BAY #6	
CITY-ST-ZIP	MIAMI BEACH FL 33162	24 CITY-ST-ZIP	MIAMI FLORIDA 33016	
TITLE	STD	31 TITLE	TREASURER	☑ Change ☐ Addition
NAME	GARCIA, VIRGILIO	32 NAME	GABRIEL A. GUILLEN	
STREET ADDRESS	1162 W. 39TH TERRACE	33 STREET ADDRESS	9695 N W 79TH AVE BAY #6	
CITY-ST-ZIP	HIALEAH FL 33012	34 CITY-ST-ZIP	MIAMI FL. 33016	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: [signature] 3/01/95 (305) 825-0209
SIGNATURE, AND IF SIGNED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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