

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
06/01/1994

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0402197

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

PICHARDO, EDUARDO A.  
9695 NW 79TH AVE., BAY #6  
MIAMI FL 33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TEJADA, WELLINGTON  
STREET ADDRESS 18246 MEDITERRANEAN BLVD. #1 005  
CITY-ST-ZIP MIAMI FL 33015 ☒ DELETE

TITLE VD  
NAME CASTILLO, JUAN  
STREET ADDRESS 868 N.E. 160TH TERRACE NORTH  
CITY-ST-ZIP MIAMI BEACH FL 33162 ☒ DELETE

TITLE STD  
NAME GARCIA, VIRGILIO  
STREET ADDRESS 1162 W. 39TH TERRACE  
CITY-ST-ZIP HIALEAH FL 33012 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Federico VILLAMAN-P ☒ Change ☐ Addition  
1.2 NAME 19445 NW 88th  
1.3 STREET ADDRESS MIAMI, FL 33015  
1.4 CITY-ST-ZIP

2.1 TITLE Eduardo A. Pichardo ☒ Change ☐ Addition  
2.2 NAME VP:  
2.3 STREET ADDRESS 7070 NW 179 St. #105  
2.4 CITY-ST-ZIP MIAMI, FL 33015

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 (305)

Date

Daytime Phone #

CR2E034 (3/96)