FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000048115

1. Corporation Name: LA BELLA AURORA, INC.

Principal Place of Business: 6744 WEST FLAGLER STREET, MIAMI, FLORIDA 33144

Mailing Address:

2. Principal Place of Business	2a. Mailing Address
21 6744 WEST FLAGLER STREET	26 6744 WEST FLAGLER STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33144 / Country 25 USA	Zip 29 33144 / Country 30 USA

3. Date Incorporated or Qualified:
3a. Date of Last Report: 5/95
4. FEI Number: 65-0501041 ☐ 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
RUDY PESANT
6744 WEST FLAGLER STREET
MIAMI, FLORIDA 33144

10. Name and Address of New Registered Agent
81 Name: DOLORES DOMINGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 6744 WEST FLAGLER STREET
83
84 City: MIAMI FL 85 Zip Code: 33144

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] MAY 23, 1996
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	PRES., SECTY, DIRECTOR ☑ DELETE	1.1 TITLE	PRES., SCTY., DIRECTOR ☑ Change ☐ Addition
NAME	RUDY PESANT	1.2 NAME	DOLORES DOMINGUEZ
STREET ADDRESS	6744 WEST FLAGLER STREET	1.3 STREET ADDRESS	6744 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33144	1.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	900001849049 ☐ Addition
NAME		6.2 NAME	-06/04/96--01014--029
STREET ADDRESS		6.3 STREET ADDRESS	***233.75
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dolores Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 23, 1996 (Date) 266-0789 (Daytime Phone #)

CS 6/3/96

CR2E034 (12/95)