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 # **P94000084774 (6)**

1. Corporation Name

CONSORCIO ORIENTAL MIAMI INC.

Principal Place of Business	Mailing Address
~~8415 N.W. 68TH ST.~~ ~~MIAMI FL 33166~~	~~8415 N.W. 68TH ST.~~ ~~MIAMI FL 33166~~

2. Principal Place of Business	2a. Mailing Address
21 1594 N.W. 36 STREET	26 1594 N.W. 36 STREET
Street Apt. # or P.O. Box 22	Street Apt. # or P.O. Box 27
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33142 / 25	Zip / Country 29 33142 / 30

3. Date Incorporated or Qualified: 11/21/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: ~~65-0538598~~ 65-0538599 — 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

OLIVO, LEONEL
~~8415 N.W. 68TH ST.~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1594 N.W. 36 STREET

83

84 City: MIAMI, — FL — 85 Zip Code: 33142

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	PD ☐ DELETE	1 TYPE	☐ Change ☐ Addition
NAME	LOPEZ, ANA	2 NAME	
STREET ADDRESS	9431 FOUNTAINBLEAU BLVD. #206	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4 CITY-ST-ZIP	
2 TYPE	STD ☐ DELETE	2 TYPE	☐ Change ☐ Addition
NAME	OLIVO, LEONEL	2 NAME	
STREET ADDRESS	9431 FOUNTAINBLEAU BLVD. #206	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2 CITY-ST-ZIP	
3 TYPE	TESORERA ☐ DELETE	3 TYPE	☐ Change ☐ Addition
NAME	MIRIAM LOPEZ	3 NAME	
STREET ADDRESS	9431 FONTAINBLEU BLVD. #206	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33172	3 CITY-ST-ZIP	
4 TYPE	☐ DELETE	4 TYPE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TYPE	☐ DELETE	5 TYPE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TYPE	☐ DELETE	6 TYPE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 above with an address.

SIGNATURE: _____ 2/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANA LOPEZ

DATE

638-4500(305)
Daytime Phone #

CR2E034 (12/95)