SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 27 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087461 (7)

1. Corporation Name

LARGAESPADA, CORP.

200001550602
-08/01/95--01063--024
****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
333 SW 122ND AVE. MAIMI FL 33184	333 SW 122ND AVE. MAIMI FL 33184

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 333 S.W 122 Ave	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Fl.	City & State 28
Zip 24 33184	Zip 29
County 25 U.S.A	County 30

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Certified Copy (Additional Copies) ☐ — $5.00 May Be Added to Fees

7. 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
LARGAESPADA, RAQUEL 333 SW 122ND AVE. MAIMI FL 33184	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Additions, Deletions, Changes, Address Changes	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LARGAESPADA, RAQUEL	12 NAME	
STREET ADDRESS	333 SW 122ND AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33184	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	LARGAESPADA, ROBERTO R SR	22 NAME	
STREET ADDRESS	333 SW 122ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33184	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	LARGAESPADA, ROBERTO R JR	32 NAME	
STREET ADDRESS	333 SW 122ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33184	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	LARGAESPADA, RAQUEL	42 NAME	
STREET ADDRESS	333 SW 122ND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33184	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	T.S. 7/27/95	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Raquel Largaespada — 06-29-95 — 559-2219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004001 CP