FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014229 (5)

LA MAZATLAN, INC.

Principal Place of Business

Mailing Address

2314 S.E. INDIAN STREET STUART FL 34997

2314 S.E. INDIAN STREET STUART FL 34997-4953

FILED Apr 28 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 02/07/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	TIME	4. FEI Number	Applied For
	3 SEDIXIE HW		E DIXIEH	(w) 65-0555720	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	BART FL	City & State STUART	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 349°	97 25 USA	29 34997 s	Country A	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes 🔲 No
9. Name and Address of Current Registered Agent			10. Name and Address of New Re	10. Name and Address of New Registered Agent	
MIJARES, BENIGNO 81 Name					
2314 S.E. INDIAN STREET 82 Stree			82 Street A	Address (P.O. Box Number is Not Acceptable)	
STUART FL 34997					
			63		
			B4 City		FI 85 Zip Codo
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					
12.	Signature, typed or printed hank of registered agent OFFICERS AND		Registered Agent signature r		DATE PEDS AND DIDECTORS IN 18
TITLE	PD	DELETE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MIJARES, BENIGNO			JEANETTE A. BRIO	
STREET ADDRESS	2314 S.E. INDIAN STREET		1.3 STREET ADDRESS	3253 SE DIXIE	HWY
CITY-ST-ZIP	STUART FL 34997		1.4 CHY - S1 - ZIP	STUART FL	34997
TITLE		DELETE	2.1 TITLE	3.01.6	Change Addition
NAME .			2.2 NAME		_ •
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
TITLE		DELFTE	3.1 TO LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · ·	3.4. CI1Y - \$1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		. DELETE	5 1 11ILE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		D pourse	5.4 CITY - ST - ZIP		
TITLE		LL DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY+S1+ZIP		

14. I do hereby certify that the information supplied with this filing 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.