

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000018728 (2)**

1. Corporation Name
LA CARRETA GROUP INC.



Principal Place of Business: **700 SW 36TH AVE MIAMI FL 33135**
Mailing Address: **700 SW 36TH AVE MIAMI FL 33135**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, Apt., etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report
4. FTI Number: **65-6567805**
5. Certificate of Status Desired:
6. Election Campaign Financing/Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**VALLS, FELIPE A JR
700 SW 36TH AVE
MIAMI FL 33135**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address (P.O. Box Number is Not Acceptable), City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is changing the registered office or registered agent.

Signature of the person who is changing the registered office or registered agent.

Date

12. OFFICERS AND DIRECTORS (Delete) fields for Title, Name, Street Address, City, St, Zip.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition) fields for Title, Name, Street Address, City, St, Zip.

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***200.00**

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 199.07(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: *Carlos Torres de Navarra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 305.446-4914
Date (Day) Month (Year)

CR2E034 (12/95)

8-26-1996