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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P95000067061 (8)

LA C'ES	STA BELLA, INC.				ANN 1600 BONG BUNG HEL 1061
Principal Piace of Business Mailing Address					<u> </u>
15997 S.W. 110TH STREET 15997 S.W. 110TH STREET MIAMI FL 33196-3681			हा		
•				, ,	Date of Last Report 07/17/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0606481	Not Applicable \$8.75 Additional
22 27		' ' '		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25 Name and Address o	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	Florida Statutes Yes 10. Name and Address of New Register	No No
BASTIAN, YOLANDA 81 Name					
15997 S.W. 110TH STREET			OO Circo Add	(D.C. Day N in Max Accordance)	
MIAMI FL 33196			82 Street Add	ress (P.O. Box Number is Not Acceptable)	ł
			83		
]			84 City		85 Zip Code
					-L.
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.					
agent La	m familiar with, and accept t	the obligations of, Section 607.0505, F	forida Statutes.		
SIGNATURE	Signature Typed or printed name of reg	gistered agent and title if applicable (NO	ITE: Registered Agent signature requi	red when reinstating) DA	ie –
12,		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
HILF	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	BASTIAN, YOLANDA		1.2 NAME		1
STREET ADDRESS	15997 S.W. 110TH ST.	•	1.3 STREET ADDRESS) .
CITY - SI - ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP		
TITLE	SVD	DELETE	2.1 TITLE		Change Addition
NAME	ALVAREZ, DOLORES		2.2 NAME		
STREET ADDRESS	15997 S.W. 110TH ST. MIAMI FL 33196	•	2.3 STREET ADDRESS		
City-St-ZiP Title	MANUEL 33180	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		OUCLIE	3.2 NAME		gv
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY - ST - ZE			3.4. CITY-ST-ZIP		
THUE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-7IP			4.4 CITY-ST-ZIP		
TIBLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T 85	5.4 CITY-ST-ZIP		1 (44)
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

6.4 CITY-ST-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 on 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER ON DIRECTOR

4/28/97

FILED

May 07 1997 8:00am

Secretary of State

(305)387-202; Deytime Phone #