

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081002 (4)
1. Corporation Name

LAS CRIOLLITAS CORPORATION



Principal Place of Business

Mailing Address

12591 SW 204 TERRACE
MIAMI FL 33177

12591 SW 204 TERRACE
MIAMI FL 33177

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2800NW27 AV.

26 2800NW27 AV.

FEI Number

65-0664716

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 MIAMI, FLORIDA

27
City & State
28 MIAMI, FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 33142 25 Country DADE

29 Zip 33142 30 Country DADE

8. 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

GERVACIO, SANTIAGO
12591 SW 204 TERRACE
MIAMI FL 33177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GERVACIO, SANTIAGO
STREET ADDRESS 12591 SW 204 TERRACE
CITY-ST-ZIP MIAMI FL 33177

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME PEREZ, ANA M
STREET ADDRESS 2550 NW 13 STREET
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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-07/23/96--01104--021
***225.00

7/23/96

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96 (305) 686-1706

CR2E034 (3/96)