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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P95000093714 (0)

LUBESCA INVESTMENTS CORP.

Principal Place of Business

CICNATURE.

Mailing Address

C/O NICOLAS FERNANDEZ. P.A. 2655 LEJUENE RD., PH-1D **CORAL GABLES FL 33134**

C/O NICOLAS FERNANDEZ. P.A.

FILED May 05 1998 8:00am Secretary of State



2655 LEJUENE RD. PH-1D DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 3. Date Incorporated or Qualified <u>12/08/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For C/O Marquez & Fernandez, PA 26 782 NW Le Jeune Road 58-2213871 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required # 548 # 548 City & State Miami, FL 6. Election Campaign Financing \$5.00 May Be Miami, Fl Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33126 USA 33126 USA 25 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **ESQUIRE CORPORATE SERVICES. INC.** Esquire Corporate Services, Inc Street Address (P.O. Box Number is Not Acceptable) 2655 LEJUENE RD., PH-1D CORAL GABLES FL 33134 782 NW Le Jeune Road # 548 84 City Zip Code Miami 33126 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. SeC gistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X Change Addition 🔲 DELETE TITLE D 11 TIBLE DPST PACHECO, LUCIO 1.2 NAME NAME PACHECO, Lucio J. 2655 LEJEUNE RD., PH-1D 782 NW LeJeune Rd. Suite 548 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY - ST - ZIP Miami, FL 33126 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 2. 4 CITY - ST - 2IF DELETE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 suppliemental firmula report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or sustee 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.