

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90160 031 \*\*\*150.00

DOCUMENT # P95000093714

1. Corporation Name

LUBESCA INVESTMENTS CORP.

Principal Place of Business

C/O MARQUEZ & FERNANDEZ, PA  
548  
MIAMI FL 33126  
US

Mailing Address

782 NW LE JEUNE RD  
548  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1995

4. FEI Number

58-2213871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 C/O Nicolas Fernandez, PA

Suite, Apt. #, etc.

22 80 NW LeJeune Rd. Ste 324

City & State

23 Miami, Florida

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 A. 780 NW LeJeune Rd.

Suite, Apt. #, etc.

27 Suite 324

City & State

28 Miami, Florida

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.  
782 NW LE JEUNE RD #548  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
Esquire Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)  
780 NW LeJeune Rd Ste 324

83

84 City

Miami FL

85 Zip Code

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.

SIGNATURE

*Amal Perez Fernandez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPST  
PACHECO, LUCIO J  
STREET ADDRESS  
782 NW LEJEUNE RD, STE 548  
CITY-ST-ZIP  
MIAMI FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
DPST  
Pacheco, Lucio J  
1.3 STREET ADDRESS  
780 NW LeJeune Rd Ste 324  
1.4 CITY-ST-ZIP  
Miami, Florida 33126

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

*Amal Perez Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99

CR2E034 (11/98)

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