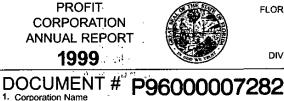
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS 04-20-1999 90171 005 ***158.75

THE LARA COMPANY OF MIAMI INC. Principal Place of Business Mailing Address 8475 SW 58 ST 8475 SW 58 ST MIAMI FL 33143 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0783894 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired .Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State .. 🗆 Trust Fund Contribution ¬Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LARA, WILFRED Street Address (P.O. Box Number is Not Acceptable) 82 7836 SW 34TH TERRACE MIAMI FL 33155 83 84 City Zip Code 1111 33143 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 registery 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, forida Statutes. SIGNATURE (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. S AND DIRECTORS 13. ☐ DELETE ☐ Change TITLE 1.1 TITLE LARA, WILFRED R 1.2 NAME NAME 8475 SW 58 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY-ST-ZiP CITY-ST-ZIP ☐ Addition □ DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE

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 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.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ DELETE

Change

☐ Addition

CR2E034 (11/98)