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

Mailing Address

9643 ESTEPONA AVENUE

COSTA DEL SOL CLUSTER 5

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3643 ESTEPONA AVENUE COSTA DEL SOL CLUSTER 5



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025719 (1)

L & C SERVICIOS Y SOLUCIONES INFORMATICAS, INC.

MIAMI FL 33178 MIAMI FL 33178-2932 Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3643 ESTEPONA AVENUE 65-0685919 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired LOSSA NEL SOL, CLUSTER S Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIANI 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, 33148 US 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ BERNAL, LUIS F **3843 ESTEPONA AVENUE** Street Address (P.O. Box Number is Not Acceptable) **COSTA DEL SOL CLUSTER 5 MIAMI FL 33178** 83 84 City 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 Bapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PRESIDENT 1.1 TITLE Change ☐ Addition NAME 1.2 NAME RODRIGUEZ BERNAL, LUIS F. STREET ADDRESS 3643 ESTEPONY AUTHUE 1.3 STREET ADDRESS LUSTA TEL FOL, ELUSTER & MIAHI FL 33178 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 2IF 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE THLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ACCRESS 6.3 STREET ADDRESS CHY-ST-ZIP 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)(1), 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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

JAN 24, 1997

(301) 718 8017

FILED

Jan 31 1997 8:00am

Secretary of State

Daytime Phone

R2F034 (9/96