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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jun 23 1998 8:00am
Secretary of State

DOCUMENT # P96000060121 (6)

1. Corporation Name
LAS CASAS INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
1757 WEST 62ND STREET HIALEAH FL 33012-6103	1757 WEST 62ND STREET HIALEAH FL 33012-6103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1996
4. FEI Number: APPLIED FOR 65-0686742 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 3805 SW 8ST
Suite, Apt. #, etc.
22
City & State
23 Coral Gables, FL
Zip 24 33134 Country 25

2a. Mailing Address
26 3805 SW 8ST
Suite, Apt. #, etc.
27
City & State
28 Coral Gables FL
Zip 29 33134 Country 30

9. **Name and Address of Current Registered Agent**
JULIA, ROBERT J
1757 WEST 62ND STREET
HIALEAH FL 33012

10. **Name and Address of New Registered Agent**
81 Name: Robert Julia
82 Street Address (P.O. Box Number is Not Acceptable): 4211 W 7 Lane
83
84 City: Hialeah FL 85 Zip Code 33012

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] 5/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	VILARINO, MANUEL I	
STREET ADDRESS	3805 S.W. 8 ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VP	☐ DELETE
NAME	ESTEVE, AUMBERTO	
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE 304	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T S	☐ DELETE
NAME	JULIA, ROBERT	
STREET ADDRESS	1757 W. 26 ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	6/23	
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		

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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.

[signature] 5/1/98