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Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

[redacted]

DOCUMENT # P96000076207 (5)

1. Corporation Name
LE COMMANDANT INC.

Principal Place of Business	Mailing Address
P.O. BOX 831551 MIAMI FL 33283	P.O. BOX 831551 MIAMI FL 33283-1551

3. Date Incorporated or Qualified: 09/13/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VIDAL, ALFREDO
9141 SW 122 AVE.
#122
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: PATRICIO MARTINELLI
82 Street Address (P.O. Box Number is Not Acceptable): 9141 SW 122 AV., #202
83
84 City: MIAMI FL 85 Zip Code: 33186

11. Pursuant to the provisi[illegible] 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. I am familiar w[illegible] oath, 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 w[illegible] the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] 05/01/97
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	
TITLE	D	☒ DELETE
NAME	~~GUAZZONE, LUCIA ISABEL~~	
STREET ADDRESS	~~P.O. BOX 831551~~	
CITY-ST-ZIP	~~MIAMI FL 33283~~	
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[redacted]	☒ Change ☐ Addition
	P.O. BOX 831551 "N/A" MIAMI FL. 33283	
2.1 TITLE	V/T	☐ Change ☒ Addition
2.2 NAME	VIDAL ALEJANDRO D.	
2.3 STREET ADDRESS	P.O. BOX 831551 "N/A"	
2.4 CITY-ST-ZIP	MIAMI FL. 33283	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	VIDAL JESSICA I.	
3.3 STREET ADDRESS	P.O. BOX 831551 "N/A"	
3.4 CITY-ST-ZIP	MIAMI FL.33283	
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	500002211125	
5.3 STREET ADDRESS	-06/13/97--01011--033	
5.4 CITY-ST-ZIP	***165.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	CS	
6.3 STREET ADDRESS	6/9/97	
6.4 CITY-ST-ZIP		

CR2F034 (9/96)

14. I do 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: [illegible] LUCIA I. GUAZZONE 05/01/97
SIGN HERE PRINT NAME OF SIGNING OFFICER OR DIRECTOR