

Aug 06-97 03:28P
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Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000078673 1. Corporation Name LAKE LACAR, INC.			
Principal Place of Business 1581 BRICKELL AVE. # 1202 MIAMI, FL 33129		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 9-23-96		3a. Date of Last Report	
4. FEI Number 65-0754760		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. 109.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent CARLOS GUERASANI-HARRINGTON 1221 BRICKELL AVE. # 946 MIAMI, FL 33131		10. Name and Address of New Registered Agent 01 Name CARLOS GUERASANI-HARRINGTON 02 Street Address (P.O. Box Number is Not Acceptable) 1581 BRICKELL AVE. # 1202 03 04 City MIAMI FL 05 Zip Code 33129	
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, if applicable (NOTE: Registered Agent signature required when resigning) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied in this document is true and correct and that I am an officer or director of the corporation and am authorized to execute this report and attach the required documents.		15. I hereby certify that the information supplied in this document is true and correct and that I am an officer or director of the corporation and am authorized to execute this report and attach the required documents.	
SIGNATURE: HORACIO D. LOAETE PRESIDENT		800002267898 -08/15/97--01004--002 ***550.00	

(305) 858-9679