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Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000096814 (3)

1. Corporation Name
LOS COMPADRES, INC.

Principal Place of Business

Mailing Address

120 14 AVE., N.E.
NAPLES FL 34120

120 14 AVE., N.E.
NAPLES FL 34120

DO NOT WRITE IN THIS SPACE

2800 Santa Barbara BL

3. Date Incorporated or Qualified
11/12/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2800 Santa Barbara BL 65-0791302

Applied For

Not Applicable

22 City & State

27 City & State

23 Naples FL

28 Naples FL

24 Zip

Country

29 Zip

Country

34116

U.S.

34116

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNIOZ, GERARDO
120 14 AVE., N.E.
NAPLES FL 34120

81 Name GERARDO MUNOZ
82 Street Address (P.O. Box Number is Not Acceptable)
2301 HUNTER BLVD.
83
84 City NAPLES FL 85 Zip Code 34116

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 *Rodrigo Garcia* Rodrigo Garcia, R.P.

1-28-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MUNOZ, GERARDO
STREET ADDRESS 120 14 AVE., N.E.
CITY-ST-ZIP NAPLES FL 34120

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GARCIA, RODRIGO
STREET ADDRESS 2800 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES FL 34116

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME VASQUEZ, MARTIN
STREET ADDRESS 18364 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL 33912

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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: *Rodrigo Garcia*

CR2E034 (10/97)