02201999 90082 007 $150.00 $150.00

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02-20-1999 90082 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015198

1. Corporation Name
HACIENDA 5 ESTRELLAS, INC.

Principal Place of Business	Mailing Address
7436 SW 117TH AVE., SUITE 143 MIAMI FL 33183	7436 SW 117TH AVE., SUITE 143 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12285 S.W. 51 St	2a. Mailing Address 26 7436 S.W. 117 Avenue Suite 143
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 143
City & State 23 Miami, Fl 33175	City & State 28 Miami, Fl 33183
Zip / Country 24 33175 25 Dade	Zip / Country 29 33183 30 Dade

3. Date Incorporated or Qualified: 02/16/1998

4. FEI Number: HAVE NOT APPLIED — ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LORENZO, NATALIE
7436 SW 117TH AVE., SUITE 143
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number Is Not Acceptable):
83
84 City: FL 85 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: _____ 4/8/99
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	PRESIDENT	☐ DELETE
NAME	NATALIE LORENZO	
STREET ADDRESS	12285 S.W. 51 ST	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	Vice-Pres	☐ DELETE
NAME	Silvio Duque	
STREET ADDRESS	12285 S.W. 51 St	
CITY-ST-ZIP	Miami, Fl 33175	
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		☐ 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		
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ REQUIRED — 4/8/99 — 305-793-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #