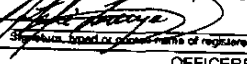


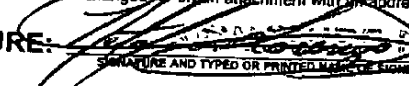
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20, 1999 8:00 am
Secretary of State

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 7436 SW 117TH AVE., SUITE 143 MIAMI FL 33183		Mailing Address 7436 SW 117TH AVE., SUITE 143 MIAMI FL 33183	
2. Principal Place of Business 12285 S.W. 51 St Suite, Apt. #, etc. Suite 143 City & State Miami, FL 33175 Zip 33175 Country Dade		2a. Mailing Address 7436 S.W. 117 Avenue Suite, Apt. #, etc. 143 City & State Miami, FL 33183 Zip 33183 Country Dade	
3. Date Incorporated or Qualified 02/16/1998		4. FEI Number HAVE NOT APPLIED	
5. Certificate of Status Desired ☐		Applied For ☒ Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. 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  DATE 4/8/99			
12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE PRESIDENT ☐ DELETE 1.2 NAME NATALIE LORENZO 1.3 STREET ADDRESS 12285 S.W. 51 ST 1.4 CITY-ST-ZIP MIAMI, FL 33175		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
2.1 TITLE Vice-Pres ☐ DELETE 2.2 NAME Silvio Duque 2.3 STREET ADDRESS 12285 S.W. 51 St 2.4 CITY-ST-ZIP Miami, FL 33175		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 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	
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	
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 with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 **305.793.7829**
 Date Daytime Phone #

CR2E034 (1/98)