

PROFIT
CORPORATION
ANNUAL REPORT
~~1999~~ 20



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

FILED

00 APR 26 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Pg8000015198

1. Corporation Name

Hacienda 5 Estrellas, Inc.

Principal Place of Business

Mailing Address

12801 S.W. 58 Ave 12801 S.W. 58 Ave
MIAMI, FL. 33183 MIAMI, FL. 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02	16	1998
----	----	------

2. Principal Place of Business

2a. Mailing Address

12801 SW. 58 Lane 26 12801 SW 58 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
Miami FL

Zip 33123 Country U.S.A.

Zip 33183 Country U.S.A

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Natalie Lorenzo
7436 S.W. 117 Ave.
#143
Miami, FL. 33183

81	Name	Natalie Lorenzo	
82	Street Address (P.O. Box Number is Not Acceptable)	12801 S.W. 58 Lane	
83			
84	City	Miami	FL
85	Zip Code	33	

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]*

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	P
NAME	NATALIE LORENZO
STREET ADDRESS	12801 S.W. 58 LANE
CITY-ST-ZIP	MIAMI, FL. 3318
TITLE	V.P.
NAME	SILVIO DUQUE
STREET ADDRESS	12801 S.W. 58 L
CITY-ST-ZIP	MIAMI FL. 3318

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Theresa J. Jones

Rate

Daytime Phone # _____

CR2E034 (11/98)