. SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/90: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).						. APPLOYEE		
PROFIT FLORIDA DEPAR			TMENT OF STATE					
	RPORATION (A)	ALC:	Katherine Harris Secretary of State			99 NUS 4 PM	3: 06	
1999 DIVISION OF CO				RATI	ONS	gy nuo 1 ·		
DOCUMENT # P98000016706						SHOPH WAY OF STATE WILLIAM SEET FLORIDA		
LARA REAL ESTATE HOLDINGS, INC.						1MI Is a warman	1947 transport	
							i aqua l diana anno nasin alina a nno nasi	
Principal Place of Business Mailing Address							, 61101 (1511 6414 155) (2011 911 911 95)	
200 S. BISCAYI SUITE #4874	NE BOULEVARD	200 S. BISCAYNE BOULEVARD SUITE #4874						
MIAMI FL 3313	1	MIAMI FL 33131		DO NOT WRITE IN THIS SPACE				
						 Date incorporated or Qualified 02/20/1998 	,	
	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21 Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			APPLIED FOR	Not Applicable \$8.75 Additional	
22		27	27			5. Certificate of Status Desired L	Fee Required	
City & State	& State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip			Country		8. This corporation owes the current y		
24 25 29 3 9. Name and Address of Current Registered Agent				Intangible Personal Property. 'es No 10. Name and Address of New Registered Agent				
	s. Name Bilo Address of Culter	t Kedistelen Adent		81	Name	To. Italia and Addies of Item Regis	tered Agent	
PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BOULEVARD SUITE #4874 MIAMI FL 33131						occ (D.O. Boy Number is Net Acceptable)		
						ess (P.O. Box Number is Not Acceptable) 1.0002955251=-8 -08/10/9901017018 ****550.00		
11. Pursuan office or agent. I	t to the provisions of sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, section 607.0505, Flor	, the ab ithorize ida Stal	ove d by lutes	named corporate			ration submits this statement for the purpos on's board of directors. I hereby accept the
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E Registe	red A	gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME	D DELETE FOLLO, ANTONIO		1.1 TITLE 1.2 NAME				Change Addition	
STREET ADDRESS	200 S. BISCAYNE BOUELVARD	, SUITE 4874	1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MAMI FL 33131			1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition	
NAME	GIL, MARIA			2 2 NAME			• •	
STREET ADDRESS CITY ST-ZIP	ss 200 S. BISCAYNE BOUELVARD, SUITE 4874 MIAMI FL 33131			23 STREET ADDRESS 24 City-St-Zip				
TITLE	100 W 10 7 E 00 70 7	DELETE	3 1 TITLE		211		Change Addition	
STREET ADDRESS	es l		3.2 NAME 3.3 STREET ADDRESS		**************************************		ł	
CITY-ST-ZIP	nco		3.4 CITY-ST-ZIP					
TITLE	DELETE			4.1 TITLE			Change Addition	
NAME ETDECT ANNOCCS			4.2 NAME 4.3 STREET ADDRESS		A B D D E C E			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE			5 1 TITLE				Change Addition	
NAME PERSONAL PROPERTY	t:		5.2 NA		ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CI				2.4	
TITLE		DELETE	6 t TtT				Thange - Adulon	

14.1 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:

BOWNING AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR.

6 2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP