

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000018645**1. Entity Name
FOIC LECANDA INTERNATIONAL, INC.

Principal Place of Business

1200 BRICKELL AVE
STE 900
MIAMI
33131

FL

Mailing Address

1200 BRICKELL AVE
STE 900
MIAMI
33131

FL

2. Principal Place of Business
C/O AGI REGISTERED AGENTS, INC.3. Mailing Address
C/O AGI REGISTERED AGENTS, INC.Suite, Apt. #, etc.
1200 BRICKELL AVE., SUITE 900Suite, Apt. #, etc.
1200 BRICKELL AVE., SUITE 900City & State
MIAMI
FLCity & State
MIAMI
FLZip
33131

Country

Zip
33131

Country

4. FEI Number
65-0899526Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVE
STE 900
MIAMI
33131

FL

7. Name and Address of New Registered Agent

Name
AGI REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVE
STE 900
City
MIAMI
FL
Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ROBERT R. ADAMS, PRESIDENT****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PTSD	Delete
	LECANDA GUILLEN ALEJANDRO	ILIADA NO. 62, COLLOMAS DE AXOMIATLA	MEXICO 01820 D.F.	<input type="checkbox"/>	Delete
	ORTIZ-IZQUIERDO CRUZ FEDERICO	ANDES NO.10	COL. ALPES, MEXICO 01010 D.F.	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FEDERICO ORTIZ-IZQUIERDO CRUZ**

PTSD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)