


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED****Jan 27, 1999 8:00 am
Secretary of State**

01-27-1999 90031 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000304621. Corporation Name
LA FINCA, INC.

Principal Place of Business

**11999 SW 248 STREET
MIAMI FL 33032**

Mailing Address

**11999 SW 248 STREET
MIAMI FL 33032**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0844046

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**DORTA-DUQUE, MANUEL
11999 SW 248 STREET
MIAMI FL 33032**

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETENAME **DORTA-DUQUE, MANUEL**
STREET ADDRESS **11999 SW 248 STREET**
CITY-STATE-ZIP **MIAMI FL 33032**TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition12 NAME ☐ Change ☐ Addition13 STREET ADDRESS ☐ Change ☐ Addition14 CITY-STATE-ZIP ☐ Change ☐ Addition21 TITLE ☐ Change ☐ Addition22 NAME ☐ Change ☐ Addition23 STREET ADDRESS ☐ Change ☐ Addition24 CITY-STATE-ZIP ☐ Change ☐ Addition31 TITLE ☐ Change ☐ Addition32 NAME ☐ Change ☐ Addition33 STREET ADDRESS ☐ Change ☐ Addition34 CITY-STATE-ZIP ☐ Change ☐ Addition41 TITLE ☐ Change ☐ Addition42 NAME ☐ Change ☐ Addition43 STREET ADDRESS ☐ Change ☐ Addition44 CITY-STATE-ZIP ☐ Change ☐ Addition51 TITLE ☐ Change ☐ Addition52 NAME ☐ Change ☐ Addition53 STREET ADDRESS ☐ Change ☐ Addition54 CITY-STATE-ZIP ☐ Change ☐ Addition61 TITLE ☐ Change ☐ Addition62 NAME ☐ Change ☐ Addition63 STREET ADDRESS ☐ Change ☐ Addition64 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 (205) 258-8811

Date

Daytime Phone #

CR2E034 (1/98)