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	MENT#	P9900	0111721				ength o				Ì
1. Entity Name LAGOON MANAGEMENT CO.						*				4	
							FILE	D			
Principal Plac	e of Business		Mailing Address				02 FEB 11	PH 2:	26		
1840 SW 22	ST		1840 SW 22 ST				-				
4TH FLOOR MIAMI FL 33145			4TH FLOOR MIAMI FL 33145				SECRETARY O	# 5 A #00.474	ር ጋለ	A DOL 1101 1884	
2. Principal P 103253Sc	lace of Business outhwest -38	3. Mailing Address the same				† IMMILIAND ISM ENSINE ENERS WALST RAUST	ONCOC HOEF II	101 (10 <u>1) 140)</u>	# 1{803 }101 (BB(
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		·	City & State		4. F	El Number 250 7 9 5 3	-	<u> </u>	oplied For]	
Zip	Florida Cou	ntry	Zip	Cour	itry		04-359-7.853		No.	ot Applicable	-
331	.65						Certificate of Status Desired	لبا <u>F</u> ∈	e Require		
	6. Name and A	ddress of Current Re	egistered Agent		Name	7. N	lame and Address of New Reg	stered Ag	ent		{
SPIEGEL	& UTRERA, P.A.				Street A	ddress (P.O. B	lox Number is Not Acceptable)				$\frac{1}{2}$
1840 SW										_	-
4TH FLO											
Miami Fl	. 33145				City			FL	Zip Code	e	
8. The above	named entity submi	ts this statement for t	ne purpose of changing its	register	ed office o	r registered ag	ent, or both, in the State of Florid	a.			
SIGNATURE _	Signature tuned or printed	name of registered agent and	title if against the transition of the transitio	- Josephan	d Accest signed	ure required when re	Secretor)	DATE			
							mistating)				1
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE After May 1, 2002 Fee		· ·		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
	ia on back)		Make Check Payat		epartmen			_			
11.	D	OFFICERS AND DI		12. TITLI		PS AD	DITIONS/CHANGES TO OFFICE			S IN 11 Addition	┤╤
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CITY-ST-ZIP	CORAL GABLES	S FL 33134			-ST-ZIP		Florida 33165			———	뮕
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CITY-ST-ZIP					-ST-ZIP		****150	.00 ¥	***15	0.00	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres L. Leiva, Vice-President

Date

Daytime Phone #