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Mar 31, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **S14629**

1. Corporation Name
LA CORUNA INVESTMENTS, INC.

Principal Place of Business: 2300 WEST 66 PLACE, HIALEAH FL 33016, US

Mailing Address: ~~WILTS, RAMON F WILTZ~~
 780 NW 42 AVE SUITE 523 MIAMI FL 33120
 7445 S.W. 34 TERRACE MIAMI FL 33155, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1990

4. FEI Number: 65-0230523

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 No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Cecilia J. Wiltz

27 Suite, Apt. #, etc. 7445 S.W. 34 Terrace

28 City & State Miami, FL

29 Zip Country 33155 DADE

30

9. Name and Address of Current Registered Agent

WILTS, RAMON F
 780 NW 42 AVE STE 523
 SUITE 540
 MIAMI FL 33120

10. Name and Address of New Registered Agent

81 Name: ULises R. Wiltz

82 Street Address (P.O. Box Number is Not Acceptable): 7445 S.W. 34 Terrace

83 City: Miami FL 85 Zip Code: 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILTZ, RAMON F	
STREET ADDRESS	780 NW 42 AVE SUITE 523	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ULISES R. WILTZ	
1.3 STREET ADDRESS	7445 SW 34 TERRACE	
1.4 CITY-ST-ZIP	MIAMI FL 33155	
2.1 TITLE	S/V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CECILIA J. WILTZ	
2.3 STREET ADDRESS	7445 SW 34 TERRACE	
2.4 CITY-ST-ZIP	MIAMI FL 33155	
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 on 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 statement of 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 its registered agent; that I am 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 in an alternate mailing address, with all other like empowered.

SIGNATURE: _____ DATE: 3/24/99 DAYTIME PHONE #: 305-754-5077

CR2E034 (11/98)