SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AUG 31 54
95 JUL 21 AM 10:28
7/13/95

DOCUMENT # **S33324** **(2)**

1. Corporate Name
LA PELOTA OF MIAMI, CORP.

Principal Place of Business	Mailing Address
345 EAST 49TH STREET HIALEAH FL 33013	345 EAST 49TH STREET HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1991**	3a. Date of Last Report: **04/12/1994**
4. FEI Number: **65-0244627**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. [illegible] ☐	**$5.00** May Be Added to Fees

2. Principal Place of Business — 21 | 2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27
City & State — 23 | City & State — 28
Zip — 24 | County — 25 | Zip — 29 | County — 30

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, PILAR
6310 N.W. 112TH TERRACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (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: [illegible] (If changing Registered Agent, new agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13.	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	GONZALEZ, PILAR	12 NAME	
03 STREET ADDRESS	6310 NW 112 TERR	13 STREET ADDRESS	
04 CITY ST ZIP	HIALEAH FL 33012	14 CITY ST ZIP	
05 TITLE	STD	21 TITLE	☐ Change ☐ Addition
06 NAME	BACERIO, JACQUELINE	22 NAME	100000154520 1
07 STREET ADDRESS	6252 N.W. 110 TERR	23 STREET ADDRESS	-07/25/95--01057--016
08 CITY ST ZIP	HIALEAH FL 33012	24 CITY ST ZIP	****225.00 ****225.00
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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: [signature] 7-14-95 227-2120
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0019370 CP