

SECOND NOTICE: CORPORATION WILL BE SHUT DOWN ON OR AFTER AUGUST 1, 1995.
REMARK: SEE US OR CONTACT STATE: 2000 OF HAWAII, 200000 AUGUST 1995 TO CONTACT: 2000

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S60571

(4)

1. Corporation Name

LA ESQUINA NICA, INC.

Principal Place of Business

**1596 W FLAGLER ST
MIAMI FL 33135-2118**

Mailing Address

**1596 W FLAGLER ST
MIAMI FL 33135-2118**

FILED

95 JUL 25 AM 8:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0280610

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 Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAMES, ANGEL ADRIAN
3352 NW 19TH ST
MIAMI FL 33125**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07-20-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

GAMES, ANGEL ADRIAN

STREET ADDRESS

3352 NW 19TH ST

CITY - ST - ZIP

MIAMI FL

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

TITLE

D

NAME

GONZALEZ, GUADALUPE

STREET ADDRESS

3352 NW 19TH ST

CITY - ST - ZIP

MIAMI FL

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE

(Signature and Printed Name of Signing Officer or Director)

07-20-95 (30) 642-8907