

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S75914

(9)

1. Corporation Name

LA GRANDE MOVING & SHIPPING CO., INC.

Principal Place of Business

% GILBERT CARRILLO
5805 BLUE LAGOON DR., SUITE 400
MIAMI FL 33126

Mailing Address

% GILBERT CARRILLO
5805 BLUE LAGOON DR., SUITE 400
MIAMI FL 33126

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

9. Date incorporated or Qualified 08/23/1991	3a. Date of Last Report 08/01/1994
4. FEI Number 66-0404415	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 11352 SPACE BLVD.	2a. Mailing Address 26 11352 SPACE BLVD.
Suite, Apt. #, etc. 22 REGENCY IND. PARK	Suite, Apt. #, etc. 27 REGENCY IND. PARK
City & State 23 ORLANDO, FLORIDA	City & State 28 ORLANDO, FL.
Zip 24 32821	Country 25
Zip 29 32821	Country 30

9. Name and Address of Current Registered Agent

**CARRILLO, GILBERT
5805 BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name MAXIMO ORTIZ ROMAN
82 Street Address (P.O. Box Number is Not Acceptable) 508 KEY COURT
83 ORLANDO, FLORIDA
84 City FL
85 Zip Code 32828

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

Maximo Ortiz Roman

MAXIMO ORTIZ ROMAN

7 AUGUST 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME RIVERA, LUIS A.	1.1 TITLE ORTIZ-ROMAN MAXIMO	☐ Change ☐ Addition
STREET ADDRESS 2713 OAK PARKWAY #112		1.2 NAME PRESIDENT	
CITY - ST - ZIP ORLANDO FL		1.3 STREET ADDRESS 508 KEY COURT	
		1.4 CITY - ST - ZIP ORLANDO, FL.	
TITLE D	NAME RIVERA, LUIS D.	2.1 TITLE RIVERA LUIS A.	☐ Change ☐ Addition
STREET ADDRESS 2713 OAK PARKWAY, #112		2.2 NAME 2713 OAK PARKWAY NO.112	
CITY - ST - ZIP ORLANDO FL		2.3 STREET ADDRESS ORLANDO, FL.	
		2.4 CITY - ST - ZIP	
TITLE D	NAME RAMIREZ, ZENaida M.	3.1 TITLE ORTIZ HILDA N.	☐ Change ☐ Addition
STREET ADDRESS CARR NO. 2 KM 20.2 CANDELARIA		3.2 NAME 508 KEY COURT	
CITY - ST - ZIP TOA BAJA PR		3.3 STREET ADDRESS ORLANDO, FL.	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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:

Maximo Ortiz Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 July 1995

DATE

407-859-9423

TELEPHONE #

CR2E034 (3/95)