FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11013

1. Corporation Name

- LA ARENOSA, INC.

				_				
Principal Place of Business Mailing Address						#1811 #1#11 #1811 #18	() Bibli Aibii 140)	
35 S. SEMORAN BLVD ORLANDO FL 32807 US 35 S. SEMORAN BLVD ORLANDO FL 32807 US US					DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed			
					01/14/1992			
2 Dépaisel D	Hose of Pusinger	2a. Mailing Address			4. FEI Number		Applied For	
					59-3101804		Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
					5. Certificate of Status Desired		Required	
City & Stat	te i	City & State			6. Election Campaign Financing	\$5.0	May Be	
City & State City & State				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	y	8. This corporation owes the current ye	ar Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	.9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regist	ered Agent		
****			8	Name				
ROSALES, JESUS				82 Street Address (P.O. Box Number is Not Acceptable)				
4457 LIPTON COURT				Street Add	ress (F.O. DOX NUMBER IS NOT Acceptable)			
ORLANDO FL 32817				83				
			_			Ap 7:	- C-40	
				84 City FL 85 Zip Code				
l office or i	registered agent, or both, in the Si am familiar with, and accept the ob	tate of Florida, Such change was autoligations of, Section 607.0505, Florid	da Statute	the corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the ad when reinstating)	аррошшен аѕ	registered	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	e 🗌 Addition	
NAME ***	ROSALES, JESUS		1.2 NAME					
STREET ADDRESS	AACT LINTON COLIDT		1.3 STRE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			[] Chang	e	
NAME	ROSALES, ELVIRA		2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chang	e Addition	
NAME			3.2 NAME		and the second second			
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Chang	e Addition	
NAME			4. 2 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	1		4.4 CITY-					
TITLE	1.7	☐ DELETE	5.1 TITLE			☐ Chang	e	
				1		-		

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP-

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90076 013 ***150.00