

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50749** (3)

1. Corporation Name:

LA ROMANA ENTERPRISE CORPORATION

Principal Place of Business:
**9405 S.W. 8TH TERRACE
MIAMI FL 33174**

Mailing Address:
**9405 S.W. 8TH TERRACE
MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1992	3a. Date of Last Report 06/03/1994
4. FCI Number 65-0349617	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 § 199.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**HENRIQUEZ, CHRISTIAN
9405 S.W. 8TH TERRACE
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statute, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statute.

SIGNATURE

(Signature of Registered Agent or Authorized Agent with the Registered Agent)

(Signature of Registered Agent or Authorized Agent with the Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PS HENRIQUEZ, CHRISTIAN 9405 S.W. 8TH TERRACE MIAMI FL 33174	1.1 NAME	☐ Change ☐ Addition
2. STREET ADDRESS		1.2 STREET ADDRESS	
3. CITY, ST., ZIP		1.3 CITY, ST., ZIP	
4. NAME	VT DELGADO, ALTAGRACIA 9405 S.W. 8TH TERRACE MIAMI FL 33174	4.1 NAME	☐ Change ☐ Addition
5. STREET ADDRESS		4.2 STREET ADDRESS	
6. CITY, ST., ZIP		4.3 CITY, ST., ZIP	
7. NAME		7.1 NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8.2 STREET ADDRESS	
9. CITY, ST., ZIP		9.3 CITY, ST., ZIP	
10. NAME		10.1 NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11.2 STREET ADDRESS	
12. CITY, ST., ZIP		12.3 CITY, ST., ZIP	
13. NAME		13.1 NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14.2 STREET ADDRESS	
15. CITY, ST., ZIP		15.3 CITY, ST., ZIP	
16. NAME		16.1 NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17.2 STREET ADDRESS	
18. CITY, ST., ZIP		18.3 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statute. I further certify that the information included 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 provide 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 addendum with an address.

SIGNATURE:

CHRISTIAN HENRIQUEZ
Typed Name of Signing Officer or Director

5-1-95 305-227-6374
Date Excluded Therefrom