

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003743

FILED
Feb 22, 2012
Secretary of State

Entity Name: HACIENDA LOMA LINDA, S.A. CORP.

Current Principal Place of Business:

EDIFICIO TORRE MIRAMAR/AVE.
BALBOA Y CALLE 39
PANAMA REP. OF PANAMA, XX XX

New Principal Place of Business:

CALLE 50 FINAL, COCO DEL MAR
CASA #8
PANAMA REP. OF PANAMA, XX XX

Current Mailing Address:

P.O. BOX 0816-02082
PANAMA, REP. OF PANAMA, XX XX

New Mailing Address:

FEI Number: 98-0465692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPHS, MICHAEL
JOSEPHS JACK, P.A.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CP
Name: DR. JUAN A. ARIAS ZUBIETA
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: VCV
Name: JUAN ALBERTO ARIAS STRUNZ
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DT
Name: MARIA EUGENIA STRUNZ DE ARIAS
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DS
Name: ANA ISABEL ARIAS DE MOTTA
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN A. ARIAS ZUBIETA

CP

02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date