

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003743

**FILED**  
**Aug 01, 2013**  
**Secretary of State**  
**CC3096093322**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 0816-02082  
PANAMA REP. OF PANAMA PA

**FEI Number:** 98-0465692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPHS, ADAM  
THE JOSEPHS LAW FIRM  
255 ALHAMBRA CIRCLE SUITE 700  
CORAL GABLES, FL 33134 US

*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:** ADAM JOSEPHS

08/01/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name DR. JUAN A. ARIAS ZUBIETA  
Address PO BOX 0816-02082  
City-State-Zip: PANAMA REP. OF PANAMA XX

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

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

Title DS  
Name ANA ISABEL ARIAS DE MOTTA  
Address P.O. BOX 0816-02082  
City-State-Zip: PANAMA REP. OF PANAMA 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:** ADAM JOSEPHS

**REGISTERED AGENT**

08/01/2013

Electronic Signature of Signing Officer/Director Detail

Date