

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements



Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30) Tcode 13196

Taxpayer number

3 | 2 | 0 | 4 | 2 | 5 | 9 | 3 | 1 | 1 | 4

Report year

2 | 0 | 1 | 2

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name
EL MILAGRO RETREAT, L.L.C.
Mailing address
5930 ROYAL LANE, SUITE E - PMB 117

City
DALLAS

State
TX

ZIP Code
75230

Plus 4

Secretary of State (SOS) file number or Comptroller file number
0801315322

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3204259311412

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City		State						ZIP Code
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City		State						ZIP Code
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City		State						ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
INVERSIONES DOMUS, S.A. DE C.V.	MEXICO		100

Registered agent and registered office currently on file. (see instructions if you need to make changes) Blacken circle if you need forms to change the registered agent or registered office information.

Agent: AZURE CORPORATION

Office: 10711 PRESTON ROAD, SUITE 240

City
DALLAS

State
TX

ZIP Code
75230

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

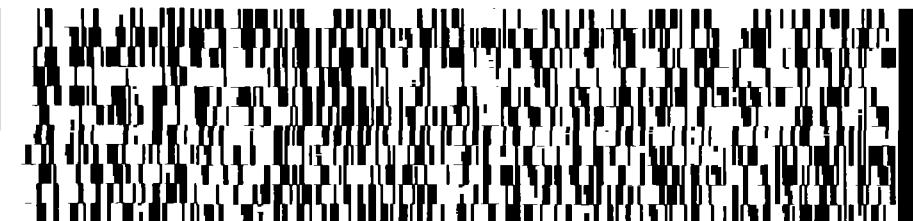
sign here *Neeraj Kohli*

Title
President & Manager

Date
5-15-2017

Area code and phone number
(972) 386 - 5563

Texas Comptroller of Public Accounts



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