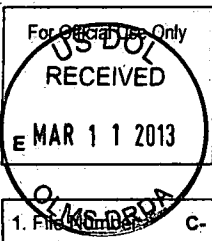


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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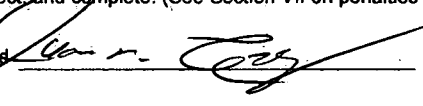
1. File Number C- 681

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Juan M Cruz	3. Any other address where records necessary to verify this report are kept:
Title CEO	Name Lupe Cruz
Organization Reconnect Labor Relations Consultants	Title CEO
P.O. Box, Bldg., Room No., if any	Organization Cruz and Associates Labor Relations
Street 28715 Mark Road	P.O. Box, Bldg., Room No., if any P.O. Box 1831
City Moreno Valley	Street
State California ZIP Code + 4 92555	City Upland
4. Date fiscal year ends:	State California ZIP Code + 4 91785
Dec / 31	5. Type of person:
	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 2 / 4 / 2013
Organization Fortuna Corporation	8. Name of person(s) through whom made:
Trade Name, if any Hilton Lax Hotel	Name Lupe Cruz
P.O. Box, Bldg., Room No., if any	Name
Street 5711 Century Blvd	Name
City Los Angeles	Name
State California ZIP Code + 4 90045	Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed  President
(If other title, see instructions)
Title Other (Specify)
CEO

On 3/3/2013 951-413-4402
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title Other (Specify)

On _____ Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☐ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

No agreement,

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Worked with Hilton Lax Human Resources Department and the employees, We continue to do one on ones with all the employees to make sure the Hilton Lax hotel continues to communicate with all of its employees.

11.b. Period during which performed:

02/4/13

11.c. Extent performed:

2/5/13 (on going)

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Ass. Labor Relations Consultants

P.O. Box, Bldg., Room No., if any

Street P.O. Box 1831

City Upland

State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All Full time and Part time employees.

12.b. Identify subject labor organizations:

None