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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 507649 (2)

1. Corporation Name
L.A.G., INC.

Principal Place of Business	Mailing Address
C/O MARCIA B. CABALLERO 2450 SW 137TH AVE. S-221 MIAMI FL 33175	~~C/O ANA MARTIN-LAVIELLE, ESQUIRE~~ ~~2450 SW 137TH AVE. S-221~~ ~~MIAMI FL 33175~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 c/o Marcia B. Caballero	07/22/1976	04/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2450 SW 137 Avenue, #221	4. FEI Number 59-1680553	Applied For / Not Applicable
City & State 23	City & State 28 Miami, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33175 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN-LAVIELLE, ANA E 2450 SW 137TH AVE., STE. 221 MIAMI FL 33175	81 Name: MARCIA B. CABALLERO 82 Street Address (P.O. Box Number is Not Acceptable): 2450 Southwest 137 Avenue 83: Suite 221 84 City: Miami FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marcia B. Caballero DATE: 3/13/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROMERO, ANTONIO	1.2 NAME	
STREET ADDRESS	3015 S.W. 108 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ROMERO, SONIA	2.2 NAME	
STREET ADDRESS	3015 S.W. 108 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SARDO, ASISCLO	3.2 NAME	
STREET ADDRESS	2231 S.W. 14 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ROMERO, SONIA	4.2 NAME	
STREET ADDRESS	3015 S.W. 108 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 execute 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 attachment with an address.

SIGNATURE: X Cristina Romero PRES. 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190705 CP