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FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **525079** **(0)**

1. Corporation Name
**L & M OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| OCEAN BOULEVARD 3601 APT. 401<br>SOUTH PALM BEACH FL 33480 | OCEAN BOULEVARD 3601 APT. 401<br>SOUTH PALM BEACH FL 33480 |

3. Date Incorporated or Qualified: **01/25/1977**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1720052** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

~~JUVONEN, OSKAR~~
~~3601 OCEAN BOULEVARD APT. 401~~
~~SOUTH PALM BEACH FL 33480~~

**10. Name and Address of New Registered Agent**

81 Name: RIVALDO MORELLI
82 Street Address (P.O. Box Number is Not Acceptable): 3601 S. OCEAN BLVD. #401
83
84 City: SO. PALM BEACH **FL** 85 Zip Code: 33480

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: _____ 1-31-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | DPSTV | ☐ Change ☒ Addition |
| NAME | ~~JUVONEN, OSKAR~~ | | 1.2 NAME | RIVALDO MORELLI | |
| STREET ADDRESS | 3601 OCEAN BOULEVARD | | 1.3 STREET ADDRESS | 3601 S. OCEAN BLVD. #401 | |
| CITY-ST-ZIP | SOUTH PALM BEACH FL | | 1.4 CITY-ST-ZIP | SO. PALM BEACH FL 33480 | |
| TITLE | PTS | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~JUVONEN, OSKAR~~ | | 2.2 NAME | | |
| STREET ADDRESS | 3601 OCEAN BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTH PALM BEACH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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:** ~~SIGNATURE REQUIRED~~ 1-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #