SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/87: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35830

(2)

NORTH MIAMI FL 33168

Suite, Apt. #, etc.

2a. Mailing Address

City & State

Zip

26

27

28

29

L. VIDAL, INC.

NORTH MIAMI FL \$3168

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

2. Principal Place of Business

Principal Place of Business	Mailing Address
13360 N.W. 7TH AVE.	13380 N.W. 7TH AVE.

Country

9. Name and Address of Current Registered Agent

25

LEYTE-VIDAL, JOSE

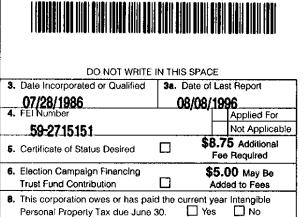
611 SW 87 CT

MIAMI FL 33174

APPROVED AND FILED

97 JUL 31 AM 11: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.

Country

81

82

83

Name

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS DELETE XX Change TITLE 1.1 TITLE D/P/T Addition LEYTE-VIDAL, JOSE' Leyte-Vidal, Jose NAME 12 NAME 611 SW 87 CT STREET ADDRESS 1.3 STREET ADDRESS 16231 S.W. 81 St. MIAMI FL CITY-ST-ZIP 1.4 City-St-7iP Miami, FL...3319374 D/V/S DELETE ** Addition TITLE 21 TITLE Change NAME Ramirez, Eustaquio, O. 297 S.W. 113 Ave 22 NAME STREET ADDRESS 2.3 STREET ADDRESS Miami, FL. 33174 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 400002257524--1 -08/05/97--0100mm-01084ddition CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ****165.00 ****185.00 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TATLE 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 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 is handed, or or an attachment with an address.

;R2E034 (4/97)