


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

97 JUL 31 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # M35830 (2)

1. Corporation Name
L. VIDAL, INC.



| | |
|--|--|
| Principal Place of Business 13360 N.W. 7TH AVE. NORTH MIAMI FL 33168 | Mailing Address 13360 N.W. 7TH AVE. NORTH MIAMI FL 33168 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| Zip Country | Zip Country |
| 24 25 | 29 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 07/28/1986 | 3a. Date of Last Report 08/08/1996 |
| 4. FEI Number 59-2715151 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

LEYTE-VIDAL, JOSE'
611 SW 87 CT
MIAMI FL 33174

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DPS <input type="checkbox"/> DELETE |
| NAME | LEYTE-VIDAL, JOSE' |
| STREET ADDRESS | 611 SW 87 CT |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------------|---|
| 1.1 TITLE | D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Leyte-Vidal, Jose |
| 1.3 STREET ADDRESS | 16231 SW 81 St. |
| 1.4 CITY-ST-ZIP | Miami, FL 33193/4 |
| 2.1 TITLE | D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Ramirez, Eustaquio, O. |
| 2.3 STREET ADDRESS | 297 S.W. 113 Ave |
| 2.4 CITY-ST-ZIP | Miami, FL 33174 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | 400002257524--1 |
| 4.2 NAME | -08/05/97--00000000 |
| 4.3 STREET ADDRESS | ****165.00 ****165.00 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 07/8/97 |
| 6.3 STREET ADDRESS | |
| 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 if changed, or on an attachment with an address.

CFR2E034 (4/97)