

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M40357 (9)

1. Corporation Name
L.R. MANAGEMENT, INC.



Principal Place of Business 0670 GLACIER STREET MIRAMAR FL 33025	Mailing Address 0670 GLACIER STREET MIRAMAR FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6995 NW, 82 AV Suite, Apt. #, etc. 22 # 44 City & State 23 MIAMI, FLORIDA Zip Country 24 33166 25 USA	2a. Mailing Address 26 6995 NW, 82 AV. Suite, Apt. #, etc. 27 # 44 City & State 28 MIAMI, FLORIDA Zip Country 29 33166 30 USA
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3. Date Incorporated or Qualified 10/21/1986	
4. FEI Number 59-2728142	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RODRIGUEZ, LUCY 0670 GLACIER STREET MIRAMAR FL 33025	10. Name and Address of New Registered Agent B1 Name SAME B2 Street Address (P.O. Box Number is Not Acceptable) 9766 NW, 46 TERRACE B3 B4 City MIAMI FL B5 Zip Code 33178
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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 *[Signature]* **LUCY RODRIGUEZ** **1/19/98**
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, LUCY 0670 GLACIER STREET MIRAMAR FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9766 NW 46 TERRACE MIAMI, FL 33178	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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]* **1/19/98** **(305) 471-0001**

CP2E034 (10/97)