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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008021 (5)

LAR, INC.

Principal Place of Business			Ma	Mailing Address				- I TOBUTBUL FIN KULIL UTDIA UDDIA UDDIA UDDIA UDDIA UDDIA UDDIA		
550 BILTMORE WAY			55	550 BILTMORE WAY						
#890			#6	#890						
CORAL GABLE FL 33134				CORAL GABLES FL 33134 US				DO NOT WRITE IN THIS	SPACE	
00			0.0	,				 Date Incorporated or Qualified 02/01/1994 		
2. Principal F	Place of Bus	Iness	2a.	Mailing Address		-		4. FEI Number	Т. Т.	Applied For
21	21			26				65-0501156		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				,		Additional
22			27	27				5. Certificate of Status Desired		Required
City & State				City & State				6. Election Campaign Financing	\$5.0	May Be
23			28					Trust Fund Contribution	Adde	l to Fees
Zip	·		<u> </u>	<u> </u>		ountry	<i>'</i>	8. This corporation owes or has paid the current year Intangible		
24	a Name	25 and Address of Curre	29	avad Amani	30			Personal Property Tax due June 30.		□ No
						81	Name	10. Name and Address of New Registered	Agent	
		N INFORMATION SE	KVICES I	NU.		L	140110			
1201 HAYS ST.							Street Addr	ress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						83				
						84	City	Fl	85 Zip	Code
11, Pursuant	to the provis	sions of Sections 607.050	02 and 60	7.1508, Florida Statu	ites, the i	above	L e-named corp	poration submits this statement for the purpose cion's board of directors. I hereby accept the ap	of changing	its registered
office or r	registered aç am familiar w	gent, or b oth, in the State ith, and accept the oblig	e of Florida	a Such change was Section 607 0505, F	authoriza Iorida Sta	ed by	the corporat	ion's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE	arr reprinter of	to and accopt the own	galloris or,	0001011 001.0005,1	ionaa ote	20000	.			
SIGNATORE	Signature, typed	d or printed name of registered ag	ont and title if	applicable (NO	T£: Register	ed Agn	nt signature requir	red when reinstating) DATE		
12.		OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE	D	50 150H150 4		L DELETE	111	TITLE			☐ Change	Addition
NAME		er, Leonard a			401	NAME				1
STREET ADDRESS										j
CITY-ST-ZIP	CODAL	TMORE WAY, #890			1.3 \$	STREET	ADDRESS			
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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 histoerempowered 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 attagriff and the state of the corporation of the corporatio

FILED

Feb 04 1998 8:00am

Secretary of State