

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000012433 (6)

1. Corporation Name

LAHOUD ENTERPRISES, INC.

Principal Place of Business

1450 MADRUGA AVE.
SUITE 400
CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVE.
SUITE 400
CORAL GABLES FL 33146-3185



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1450 MADRUGA AVE		26 1450 MADRUGA AVE		02/15/1994	02/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 # 400		27 # 400		65-0485677	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CORAL GABLES FL		28 CORAL GABLES FL		☐	☐
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33146	25 U.S.A	29 FL 33146	30 U.S.A	☐	☐
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
LAHOUD, JAD N 1450 MADRUGA AVE. SUITE 400 CORAL GABLES FL 33146				☐ Yes ☒ No	

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
	FL

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, 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	1.1 TITLE	MARY THERESA KAYAL
NAME	LAHOUD, JAD N	1.2 NAME	6850 SW 99th Ave
STREET ADDRESS	1450 MADRUGA AVE., SUITE 400	1.3 STREET ADDRESS	MIAMI FL 33156
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LAHOUD, JOSETTE J	2.2 NAME	
STREET ADDRESS	1450 MADRUGA AVE., SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 officer or director 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

01-06-97

666.9266

CR2E034 (9/96)