

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

**FILED**  
**Jan 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000023161 (0)**  
 1. Corporation Name  
**LARET, INC.**



Principal Place of Business <b>15962 S.W. 78TH PL. MIAMI FL 33157</b>	Mailing Address <b>15962 S.W. 78TH PL. MIAMI FL 33157-2351</b>
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3. Date Incorporated or Qualified <b>03/25/1994</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>65-0480048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
**LEVINE, EDWARD S**  
**328 MINORCA AVE.**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 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	PD	<input type="checkbox"/> DELETE
NAME	ANTONACCI, JANET S	
STREET ADDRESS	15962 S.W. 78TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ANTONACCI, LAWRENCE P	
STREET ADDRESS	15962 S.W. 78TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTONACCI, DEBRA J	
STREET ADDRESS	15962 S.W. 78TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTONACCI, STEPHEN L	
STREET ADDRESS	15962 S.W. 78TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTONACCI, MARK D	
STREET ADDRESS	15962 S.W. 78TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	
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 13.4 changed, or on an attachment with an address.

SIGNATURE: *Janet S Antonacci* JANET S ANTONACCI 1/11/97 252-1952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)