

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra D. Morlham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000079607**  
 1. Corporation Name  
**L & M MOVING AND PACKING INC.**

Principal Place of Business Mailing Address  
**8065 N.W. 8 ST, SUITE # 2**  
**MIAMI, FL. 33126**

21	2a	22	27	23	28	24	25	29	30
Principal Place of Business	Mailing Address	City & State	City & State	Zip	Country	Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**SEPTEMBER 25, 1996**

4. FEI Number  
**65-0697525**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent  
**JOSE S. LOPEZ**  
**8065 N.W. 8 SR, SUITE # 2**  
**MIAMI, FL. 33126**

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 *Jose S. Lopez* **JOSE S. LOPEZ** DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>JOSE S. LOPEZ</b>	
STREET ADDRESS	<b>8065 N.W. 8 ST, SUITE # 2</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33126</b>	

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	

800002522868  
 -05/14/98--01010--046  
 \*\*\*150.00

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 change is made with an attachment with an address.

SIGNATURE: *Jose S. Lopez* **JOSE S. LOPEZ** APRIL 30, 1998