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

CORPORATION ANNUAL REPORT

1997

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084922 (9)

L & L ORNAMENTAL IRON WORKS INC.

Principal Place of Business Mailing Address 5714 PARKER AVENUE 5714 PARKER AVENUE WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-3747 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1996 2. Principat Place of Business 2a. Mailing Address 4. FEL Number 21 26 Suite. Apt. #r. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27

City & State

Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEREZ, LEONARDO 81 Name **5714 PARKER AVENUE** 62 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83

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.

City **B4**

Signature, typed or proted hame of teg-sered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) DELETE 1.1 TITLE Change Addition TITLE PEREZ, LEONARDO NAME 1.2 NAME **5714 PARKER AVENUE** STREET ACIDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33405 CHTY - \$1 - 70P 1.4 CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition NAME 22 NAME STHELT ADDRESS 2.3 STREET ADDRESS CODY: ST-ZIE 2 4 CITY - ST - ZIP DELETE Change Addition THILE 31 TISLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP C/TY - ST - 78P DELETE 1171.6 4.1 TITLE Change ___ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition THE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 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 of 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

SIGNATURE:

FILED

Mar 17 1997 8:00am

Secretary of State

6. Election Campaign Financing

Applied For

Fee Regulred

\$5.00 May Be

Zio Code

85

Not Applicable