

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

APPROVED  
AND  
FILED

1997 JUL 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 #** 990000099877  
1. Corporation Name  
**I & L Associates, Inc.**

Principal Place of Business Mailing Address  
**12355 NE 13th Ave, Suite 301  
North Miami, FL 33161**

2. Principal Place of Business 21 <b>Miami</b>		2a. Mailing Address 26 <b>12355 NE 13th Ave</b>		3. Date Incorporated or Qualified <b>12/9/96</b>		3a. Date of Last Report	
22 Suite, Apt. #, etc. <b>301</b>		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0739418</b>		Applied For Not Applicable	
23 City & State <b>North Miami</b>		27 City & State <b>Florida</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
24 Zip <b>33161</b>		25 Country <b>USA</b>		28 Zip		29 Country	
23 City & State <b>North Miami</b>		27 City & State <b>Florida</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>33161</b>		25 Country <b>USA</b>		28 Zip		29 Country	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

**9. Name and Address of Current Registered Agent**  
**Louis Soto  
12355 NE 13th Ave #301  
N. MIAMI, FL 33161**

**10. Name and Address of New Registered Agent**

81 Name	<b>Louis Soto</b>
82 Street Address (P.O. Box Number is Not Accepted)	<b>12355 NE 13th Ave #301</b>
83	
84 City	<b>N MIAMI FL</b>
85 Zip Code	<b>33161</b>

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: Louis Soto (Louis Soto) DATE: 7/10/97

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>Louis Soto President</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Ileana Soto secretary</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>President Louis Soto</b>
1.3 STREET ADDRESS	<b>12355 NE 13th Ave #301</b>
1.4 CITY - ST - ZIP	<b>N. MIAMI, FL 33161</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ileana Soto</b>
2.3 STREET ADDRESS	<b>12355 NE 13th Ave Suite 301</b>
2.4 CITY - ST - ZIP	<b>N Miami FL 33161</b>
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	<b>900002251189</b>
4.3 STREET ADDRESS	<b>-07/29/97--01099--015</b>
4.4 CITY - ST - ZIP	<b>****165.00 ****165.00</b>
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 if changed, or on an attachment with an address.

SIGNATURE: Louis Soto DATE: 7/10/97 (H)954 430 4172

CR2E034 (9/96)

I & L Associates, Inc.  
12355 NE 13th Ave  
Suite 301  
North Miami, Florida 33161

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Division of Corporations  
PO Box 6327  
Tallahassee, Florida.

7/10/97

I have recently become incorporated  
And I was not aware I had to  
Send in an annual report. Enclosed is  
a check for \$165.00.

Louis J. H.  
owner.