

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90003 004 \*\*\*550.00

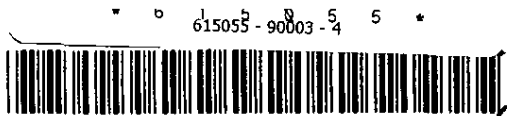
**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000024728**

**LORD & A.E.M. INC.**



Principal Place of Business: 1221 SPRING CIRCLE #107 DEERFIELD BEACH FL 33441  
 Mailing Address: 929 SPRING CIRCLE #107 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1998  
 4. FEI Number: 65-0832632  
 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 the current year intangible Personal Property:  Yes  No

Principal Place of Business: 1221 S.W. 48 terrace  
 2a. Mailing Address: 1221 S.W. 48 terrace  
 City & State: DEERFIELD BEACH, FL.  
 Zip: 33442 Country: U.S.A.

9. Name and Address of Current Registered Agent  
**VASQUEZ, GUILLERMO E**  
 929 SPRING CIRCLE #107  
 DEERFIELD BEACH FL 33441

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

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD VASQUEZ, GUILLERMO E 929 SPRING CIRCLE #107 DEERFIELD BEACH FL 33441	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: VASQUEZ GUILLERMO E. 1.3 STREET ADDRESS: 1221 S.W. 48 terrace 1.4 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD VASQUEZ, NAPOLEON 929 SPRING CIRCLE #107 DEERFIELD BEACH FL 33441	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: VASQUEZ NAPOLEON 2.3 STREET ADDRESS: 1221 S.W. 48 terrace 2.4 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address.

SIGNATURE: *Guillermo Vasquez*

07-14-99 (954) 2144409

CR2E034 (5/99)