


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90173 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S23334
 1. Corporation Name
KEY LAM CORP.

Principal Place of Business
 9940 S.W. 69 COURT
 MIAMI FL 33156

Mailing Address
 9940 S.W. 69 COURT
 MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1990

4. FEI Number
65-024 1927

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 Tax. Yes No

2. Principal Place of Business
21 9001 SW 65 Court
 Suite, Apt. #, etc.

23 **Pinecrest**
 City & State
33156
 Zip

25 **USA**
 Country

2a. Mailing Address
26 9001 SW CT
 Suite, Apt. #, etc.

28 **Pinecrest, FL**
 City & State
33156
 Zip

30 **USA**
 Country

9. Name and Address of Current Registered Agent
HELD, KEYLA
9940 S.W. 69 COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name Lawrence R. Held
82 Street Address (P.O. Box Number is Not Acceptable) 9001 SW 65 COURT
83
84 City Pinecrest FL 85 Zip Code 33156

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 *[Signature]* DATE **4/22/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HELD, KEYLA	
STREET ADDRESS	9940 S.W. 69 COURT	
CITY-ST-ZIP	MIAMI FL 33156	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELD, LAWRENCE	
1.3 STREET ADDRESS	9001 SW 65 COURT	
1.4 CITY-ST-ZIP	Pinecrest, FL 33156	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/8/99** DAYTIME PHONE # **305-793-8455**

CR2E034 (1/198)