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**Feb 28 1997 8:00am
Secretary of State**



**PROFIT CORPORATION
ANNUAL REPORT
1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14267 (1)
1. Corporation Name
LAVRA OVERSEAS CORPORATION



Principal Place of Business: **2600 S.W. 3RD AVENUE, STE. 750 MIAMI FL 33129**
Mailing Address: **2600 S.W. 3RD AVENUE, STE. 750 MIAMI FL 33129-2338**

3. Date Incorporated or Qualified 02/17/1992	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0318055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6816 N.W. 77TH CT. Suite, Apt. #, etc.	26 6816 N.W. 77TH CT Suite, Apt. #, etc.
22 City & State MIAMI, FLORIDA	27 City & State MIAMI, FLORIDA
23 Zip 33166	28 Country USA
24 Country USA	29 Zip 33166
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent
**WEIGWL, KYLE LEWIS
1200 BRICKELL AVE.
SUITE 601
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name INTERCOMP PROFESSIONAL SVCS, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 2910-174TH STREET #2411
83
84 City NORTH MIAMI BEACH
85 Zip Code FL 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* **02/18/97**
DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WIESMANN, OLAVO CONRADO
STREET ADDRESS	2600 S.W. 3RD AVE., STE. 750
CITY - ST - ZIP	MIAMI FL 33129
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIESMANN, OLAVO CONRADO
1.3 STREET ADDRESS	50 OCEAN LANE DRIVE APT. 102
1.4 CITY - ST - ZIP	KEY BISCAYNE, FLA 33149
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 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: *[Signature]* **(305) 477-3322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)