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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 328058

(3)

LIVECO, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2500 BRICKELL AVENUE 10775 SW 200 ST. MIAM! FL 33129 MIAMI FL 33189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1204591 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEEMON.C L 10775 SW 200 ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33189 83 85 Zip Code 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, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 1.1 TITLE LEEMON,C L NAME 1.2 NAME CR2E034 10775 SW 200 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE STD Change Addition LEEMON, LINDA NAME 2.2 NAME 17704 S.W. 83 COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change LEEMON, C L III 3.2 NAME 17704 S.W. 83 COURT STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filling 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:

JURE REQUIRED

305/253-3037