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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 633273



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90139 008 ***150.00

LADA, INC.											
Principal Place	of Business	M	lailing Address				- I IDDIID MIDE NAUD MINE IMEE		11 81816		
9510 N.W. 24TH STREET			9510 N.W. 24TH STREET								
SUNRISE FL 33322 SUNRISE FL 33322						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifect		- ACI		
							08/21/1979	•			}
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For				
	ace of Busiliess	26	. Maining Additess				59-1972807			-	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc				_ \$8.75 Additional				
22			27				5. Certificate of Status Desired -		F	e Re	equired
City & State	3	-	City & State				6. Election Campaign Financing		\$5	.00	May Be
23	<u> </u>	28				·	Trust Fund Contribution		Ac	lded	to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the cu				
24	25	29	<u>-</u>	30			Personal Property Tax.		☐ Ye:	3	□No
	9. Name and Address of Current	Regi	stered Agent		<u> </u>		10. Name and Address of New	Registered A	gent		
DAM	DOM LADDY			ľ	31	Name					
DAMRON, LARRY			8	32	Street Addre	ess (P.O. Box Number is Not Accep	table)				
9510 N.W. 24TH STREET SUNRISE FL 33322			_							—	
SUNI	NISE FL 33322			1	33						
				8	34	City		FL	85	Zip	Code
							tion authorite this statement for th		handi	na its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ทา	ida. Such chande was al	utnorizeu i	UVI	trie corporation	n's board of directors. I hereby acc	ept the appoin	tment	as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE:	Registered A	aent	t signature required	when reinstating)	DATE			 {
12.	OFFICERS ANI			13.	3		ADDITIONS/CHANGES TO O	FFICERS AN	DIR	ECTO	ORS IN 12
TITLE	PD	_	☐ DELETE	1.1 TITL	Ę				Ch	ange	☐ Addition
NAME	DAMRON, LARRY			1.2 NAM	E						
STREET ADDRESS	9510 N.W. 24TH STREET 1.3S			1.3 STR	EET	ADDRESS					
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP							
TITLE			2.1 TITL	2.1 TITLE				☐] Ch	ange	☐ Addition	
NAME				2.2 NAM	ŧΕ						
STREET ADDRESS	n error angle	-	ا بيد سعد .	2.3 STR	EET	ADDRESS	•	-5			
CITY-ST-ZIP				2. 4 CIT	Y-S	T-ZIP					
TITLE			☐ DELETE	3.1 TITL	E				CH	ıange	☐ Addition
NAME	·			3.2 NAM	Œ						
STREET ADDRESS				3.3 STR	EET	ADDRESS					
CITY-ST-ZIP				3.4. CIT	Y-S	T-ZIP		.			
TITLE			☐ DELETE	4.1 TTTL	E					hange	☐ Addition
NAME				4, 2 NA	ME						
STREET ADDRESS				4.3 STR	EET	ADDRESS					
CITY-ST-ZIP			····	4.4 CIT		T-ZIP					[Addition !
TITLE	<u> </u> ``		☐ DELETE	5.1 TITL			•		□ cı	ıarıge	☐ Addition
NAME	·			5.2 NAM			•				'
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP ·				5.4 CITY		I-ZIP	<u> </u>		□Cr	12000	Addition
TITLE			☐ DELETE	6.1 TTTL						unge	, nonline
NAME	~			6.2 NAA		- +					
STREET ADDRESS				6.3 STR	EET	TADORESS					

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

9547497702