

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

FILED

Jan 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 # 857497

(2)

1. Corporation Name
LAND INDUSTRIES, INC.

Principal Place of Business
10422 NW 31ST TERRACE UNITE 18
MIAMI FL 33172

Mailing Address
P.O. BOX 521147
MIAMI FL 33152-1147



3. Date Incorporated or Qualified
08/23/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

52-0907545

Applied For

Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISZLER, JAMES WM
3752 ALCANTARA AVE
MIAMI FL 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME ISZLER, JAMES
STREET ADDRESS 10422 NW 31ST TERRACE, UNIT 18
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME URIBE, ENRIQUE
STREET ADDRESS 10422 NW 31ST TERRACE, UNIT 18
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME HAMBURG, MICHAEL
STREET ADDRESS 10422 NW 31ST TERRACE, UNIT 18
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME URIBE, JUAN CAMILO
STREET ADDRESS 10422 NW 31ST TERRACE, UNIT 18
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0207801

CR2E034 (9/96)