

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F69058 (8)**  
**1. Corporation Name**  
**LAFCO ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
LAFCO ASSOCIATES 777 NW 72 AVENUE 3F6 MIAMI FL 33126 US	777 NW 72ND AVE SUITE 3F6 MIAMI FL 33126 US

<b>21</b>	Principal Place of Business		<b>2a</b>	Mailing Address	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
<b>22</b>	City & State		<b>27</b>	City & State	
<b>23</b>	Zip	Country	<b>28</b>	Zip	Country
<b>24</b>	<b>25</b>		<b>29</b>	<b>30</b>	

9. Name and Address of Current Registered Agent		81	Name
HIPP, JULIANNA		82	Street Address
777 N.W. 72 AVENUE, #3F6		83	
MIAMI FL 33216		84	City

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   8/5/96

Signature typed or printed name of registered agent and title (if applicable) (If (1)(b) Registered Agent signature required when reconstituted) Date

<b>12.</b>		<b>OFFICERS AND DIRECTORS</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>HIPP, JULIANNA</b> <b>777 NW 72 AVE., #3F6</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

**SIGNATURE:** Juliana Lopez 8/5/96 305-261-0195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time