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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600002677 (0)

LBI DE MIAMI, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place				1 19 03100 1 110 (0210 03111 00113 00111 1	18111 88 111 88 1	III OBARA BULL PAR	111 LANEL LANE			
20801 NORDHOFF ST 20801 NORDHOFF ST CHATSWORTH CA 91311 CHATSWORTH CA 91311										
						DO NOT WRIT		SPACE		_
					ľ	 Date Incorporated or Qualified 05/29/1996 				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For	1
21		26	, and the second			13-2573695			ot Applicable	1
Suite, Apt.	#, etc	Suite, Apt. #, etc.						\$8.75	Additional	1
22 27		27				5. Certificate of Status Desired	ш	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	. ` 			8. This corporation owes or has paid the current year Intangible				
24 25 29			30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New F	egistered	Agent		+
	ERA, HECTOR		[B1 Name	,					
	5 NW 29TH ST			82 Street	Address	s (P.O. Box Number is Not Accepta	able)			1
MIA	MI FL 33122		ļ.,							4
			['	83						
				B4 City				85 Zip (Code	1
		1007 trop 5				1	FL	I		4
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida, Such change was:	authorized	by the cor	n corpora rporation	ation submits this statement for the 's board of directors. I hereby acc	purpose c ept the ap	i changing it pointment as	registered registered	
agent. I a	m familiar with, and accept the obliga	dions of, Section 607. 0505, FI	orida Statu	tes.		·				
SIGNATURE		7	0. 5			when reinstating)	DATE			
12,	Signature, typed or printed name of registered ages OFFICERS ANI		13.	Agent signature	e required (ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12	∤ €
TITLE	C	DELETE	1.1 7(1)	 .E	Τ	7.5511.6110,611.1142.6 1.5 611	1021107111	Change	Addition	13
NAME	LEUDEN OUELOON II		1.2 NA		İ			•		
STREET ADDRESS 20801 NORDHOFF ST			1.3 STREET ADDRESS		İ					[
CITY-ST-ZIP	CHATSWORTH CA 91311			Y - ST - ZIP						Įš
TITLE	VC	DELETE	2.1 TITL		†			Change	Addition	2
NAME	LEHREN, KEITH M		2.2 NA1	ΛE						
STREET ADDRESS	20801 NORDHOFF ST		2.3 STR	EET ADDRESS						
CITY-ST-ZIP	CHATSWORTH CA 91311		2. 4 CIT	Y - ST - ZIP						
TITLE	8	DELETE	3.1 T(T)					☐ Change	Addition	1
NAME	LEHREN, CHETT		3.2 NA	ΛE						
STREET ADDRESS	20801 NORDHOFF ST		3.3 STR	EET ADDRESS						
CITY-ST-ZIP	CHATSWORTH CA 91311		3.4 CIT	Y-ST-ZIP						
TITLE		☐ DELET e	. 4.1 1(1)	.E				Change	Addition	1
NAME			4. 2 NA	ME	1					
STREET ADDRESS			4.3 STF	EET ADDRESS						
CITY-ST-ZIP			4.4 C(1	4.4 C(1Y - ST - Z(P						
TITLE		☐ DELETE	5.1 T(T)	.E				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STF	EET ADDRESS						
CITY-ST-ZIP			5.4 CI1	Y-SI-ZIP	ļ					1
TITLE		☐ DELE TE	6.1 TITI	.E	-			Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STP	EET ADDRESS						
CITY-ST-ZIP				Y - ST - ZIP	<u> </u>		17 8			1
I 4.4 Iho reh∨ c	ortify that the information sumplied wi	th this bling does not au alif y f	or the ever	notion etat	tod in So	cuon 119 07(3)(i). Florida Statutes.	Lituriber 6	arrity that the	 information 	

14. 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.