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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(4)

| | | | | | 1110 |
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| L.H.M. INTERNATIONAL INC. | | | | | | | | | | |
|---|--|---------------------|---------------------|--|---------------------------------------|--|-----------------------|---------------|------------|--|
| Principal Place | of Business | Ma | iling Address | - * | | A I DOWN BOID HOUS WANT HOUSE WA | OU FILL GIBIL U | | | |
| 7318 N.W 70 | OTH TERRACE | 7 | 7318 N.W. 79TH TER | RACE | | | | | | |
| P.O. BOX 44 | 1519 | | P.O. BOX 441519 | | | - | | | | |
| MIAMI FL 33166 | | | MIAMI FL 33166 | | 1 | | Date of Last Report | | | |
| | | | | | | 01/31/1983 | | 04/21/199! | oplied For | |
| 2. Principal Place of Business | | | ea. Mailing Address | | | | ot Applicable | | | |
| 21 | | 26 | | | 59-2265530 | | | Additional | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Fee R | equired | | |
| City & State | s | 27 | City & State | | 6. Election Campaign Financing | | \$5.00 | | | |
| 23 | • | 28 | • | | | Trust Fund Contribution | | | to Fees | |
| Zip | Country | | Zip | Coun | r'y | 8. This corporation has liability to | r intangible s ∏No | tax under s | 199.032, | |
| 24 | 25 | 29 | , | 30 | | Florida Statutes Ye 10. Name and Address of New | | d Agent | | |
| | 9. Name and Address of Current | t Regis | tered Agent | | III Name | | | -0 | | |
| | | | | L | | Address (P.O. Box Number is Not Accept | atrio) | | | |
| | LLO, LUIS | | | | Street | Address (M.O. Dox nomber is not Accept | Tr vicil | | | |
| | W. 36TH STREET | | | ļ. | 33 | | | | | |
| MIAMI | FL 331 6 5 | | | ļ. | 34 City | | | 85 Zip | Code | |
| | | | | | | corporation submits this statement for the p s board of directors. I hereby accept the ap | F | | | |
| SIGNATURE | Signature, typed or printed name of registered agricl OF LICERS AND | | | aNC/TE: Feigistered A | | ADDITIONS/CHANGES TO O | FFICERS A | ND DIRECTOI | RS IN 12 | |
| THLE | SD | | L"1 Develo | 1,2 NAI | | | | - | | |
| NAME | ARGUELLO, LUIS | | | | er i adores: | <u>, </u> | | | | |
| STHEET ADDRESS | 9617 S.W. 36TH STREET MIAMI FL | | | | Y-SI ZIP | | | | | |
| CITY-ST-ZIP TITLE | D MIAMI FL | | DELETE | 2 1 11 | | | | ☐ Change | Addition | |
| NAME | COPELENKO, AMPARO | | | 2.2 NA | MΕ | | | | | |
| STREET ADDRESS | 10830 S.W. 84TH ST, #F2 | | | 2 3 S*1 | REET ADDRESS | 5 | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | Y - S1 - 71F | | | Change | Addition | |
| TITLE | | | [] DELFTE | 3 1 1 | | | | C Suma | | |
| NAME | | | | 32 NA | me Heli addre: | c | | | | |
| STREET ADDRESS | | | | | HELD JUDGE: Y-SI-ZIP | " | | | | |
| City-St-7io | | | DELETE | 4 1 1 | | | | Change | Addition | |
| TITLE NAME | | | | 4 2 N ⁴ | | | | | | |
| STREET ADDRESS | | | | 4351 | REET AUDRES | s l | | | | |
| CITY-ST-ZIP | | | | | IY-\$1-7IP | | | | T Addison | |
| TITLE | | | FT DELET | 5 1 To | 1 i F | | | Change | Addition | |
| NAME | 1 | | DEFERE | | ,,,, | | | | | |
| STHEFT ADDRESS | | | | 5 2 N | Mŧ | | | | | |
| 3 1111111111111111111111111111111111111 | | | Dutter | 52 M 53 SI | ME REET ADDRES | 8 | | | | |
| CITY - SI - ZIP | | | | 52 N/ 53 SI 54 GI | ME REST ADDRES TY - ST - ZIP | s | | ☐ Change | ☐ Addition | |
| 1 | | | DEFF1E | 52 M 53 SI 54 GI | ME REET ADDRES TY-ST-ZIP TUE | S | | ☐ Change | | |
| CITY - SI - ZIP | | · · - · | | 52 N 53 SI 54 GI 6 1 T 6.2 N | ME REET ADDRES TY-ST-ZIP TUE | | | ☐ Change | | |

64 C/TY-ST 7/P

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 certify that I am an officer or digitary of the corporated 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 changled, or in an attachment with an address.

SIGNATURE:

1-17-96
305-887-9550 SIGNATURE:

STREET ADDRESS

Des

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