**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G34715 (4) LMP CONSTRUCTION, INC. Principal Place of Business Mailing Address **\* ANGEL MENES** % ANGEL MENES 47 SW 105 PL 47 SW 105 PL DO NOT WRITE IN THIS SPACE MIAMI FL 33174 MIAMI FL 33174 3. Date incorporated or Qualified 04/08/1983 2. Principal Place of Business 2s. Malling Address Applied For 59-2279478 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country ZID 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MENES, ANGEL 47 SW 105 PL Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33174 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE \_\_ Change \_\_\_ Addition 1.1 TITLE MENES. ANGEL NAME 1.2 NAME 47 SW 105TH PLACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE LORENZO, HUMBERTO 2.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.

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SIGNATURE:

7891 S.W. 88TH CT.

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