

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G39695 1. Corporation Name: LAREL, INC.		(3)	
Principal Place of Business		Mailing Address	
9620 SW 77 AVENUE MIAMI FL 33156		9620 SW 77 AVENUE MIAMI FL 33156	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc:		26 Suite, Apt. #, etc:	
22 City & State:		27 City & State:	
23 Zip Country:		28 Zip Country:	
24		29	
3. Name and Address of Current Registered Agent			
SOLOWSKY, JAY 9100 S. DADELAND BLVD. SUITE 1408 MIAMI FL 33156			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporate officer or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent I am familiar with, and accept the obligations of Section 607.0605, Florida Statutes			
SIGNATURE _____			
Signature required on periodic report if system is a part time business (if applicable) (NOTE: Registered Agent signature required)			
OFFICERS AND DIRECTORS			
12.		13.	
TITLE		<input type="checkbox"/> DELETE	11 TITLE
NAME	PST LYONS, LOUIS		12 NAME
STREET ADDRESS	9620 SW 77 AVENUE	<input type="checkbox"/> DELETE	13 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		14 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE
NAME	LYONS, LOUIS		22 NAME
STREET ADDRESS	9620 SW 77 AVENUE	<input type="checkbox"/> DELETE	23 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL		24 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	31 TITLE
NAME			32 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	33 STREET ADDRESS
CITY - ST - ZIP			34 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	43 STREET ADDRESS
CITY - ST - ZIP			44 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	53 STREET ADDRESS
CITY - ST - ZIP			54 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	63 STREET ADDRESS
CITY - ST - ZIP			64 CITY - ST - ZIP
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 5 indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or in an attachment with an address			
SIGNATURE: _____		LOUIS R. LYONS	