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

PROFIT

SIGNATURE:

Apr 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G39695 (3) LAREL, INC. Principal Place of Business Mailing Address 8620 SW 77 AVENUE 9620 SW 77 AVENUE MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-23 19475 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zψ Country 8. This corporation owes or has paid the current year Intangible Yes ∏ No 24 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 SOLOWSKY, JAY 9100 S. DADELAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1408** 83 **MIAMI FL 33156** RA City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) Signature bywelver professioner of requirementagest and the inapplication 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE. 1 1 TILE TITLE LYONS, LOUIS 1.2 NAME NAME 9620 SW 77 AVENUE 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CHTY-ST-ZIP DOLLETE Change Addition 21 THUE LYONS, LOUIS 22 NAME STREET ADDRESS 9620 SW 77 AVENUE 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 C([Y+S]-7|P DETER Change Addition 3.1 TILLE DITE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 34 CITY-ST-ZIP DELETE Change ___ Addition 41000 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-70P 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1.10LE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7-P 14. Thereby certify that the information supplied with this billing 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 supplied entail annual report is supplied entail annual report is supplied entail annual report in supplied entails annual report of the corporation of the corporation of 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 chariged lo

FLORIDA DEPARTMENT OF STATE

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