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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G64353 (7)

1. Corporation Name
L. P. INTERNATIONAL INC.



Principal Place of Business Mailing Address
7040A N.W. 77TH TERRACE 7040A N.W. 77TH TERRACE
MEDLEY FL 33166 MEDLEY FL 33166-2542

3. Date Incorporated or Qualified 10/10/1983 3a. Date of Last Report 01/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2333444	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

RODRIGUEZ, ANDY
7040A NW 77TH TERRACE
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	PINO, LEOPOLDO	12 NAME	
STREET ADDRESS	7942 NW 184 TERRACE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	
NAME	PINO, MARIO	22 NAME	
STREET ADDRESS	NO 1 OLIVE CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	24 CITY - ST - ZIP	
TITLE	DST	31 TITLE	
NAME	RODRIGUEZ, ANDY	32 NAME	
STREET ADDRESS	1940 NW 182 TERR	33 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 (205) 884-2252
Date Daytime Phone #

CR2E034 (9/96)