

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 JUL 13 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G98887 (4)**

1. Corporation Name  
**L.M.L., INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
16500 S.W. 107 CT      16500 S.W. 107 CT  
MIAMI FL 33157      MIAMI FL 33157

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/24/1984**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **16500 S.W. 107 Court**      26 **16500 S. W 107 Court**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**59-2392914**       Not Applicable

22 **N/A**      27 **N/A**  
City & State      City & State

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23 **Miami Florida**      28 **16500 S.W 107 Court**  
City & State      City & State

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

24 **33157**      25 **Dade**      29 **33157**      30 **Dade**  
Zip      County      Zip      County

8. This corporation has liability for interjurisdiction tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of Now Registered Agent

<b>ARIZA, LAURIE E.</b> <b>16500 S.W. 107 CT</b> <b>MIAMI FL 33157</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>ARIZA, LAURIE</b>
STREET ADDRESS	<b>15901 SW 102 AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>Director</b>
NAME	<b>15901 S.W 102 Ave</b>
STREET ADDRESS	<b>Miami Fl. 33157</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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, as required, or on an attachment with an address.

SIGNATURE: *[Signature]*      4/24/95      255-2031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Signature)      (Signature)      (Signature)