

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

ARIZA, LAURIE E. 16500 S.W. 107 CT MIAMI FL 33157	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIZA, LAURIE	1.2 NAME	
STREET ADDRESS	15901 SW 102 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15901 S.W 102 Ave	2.2 NAME	
STREET ADDRESS	Miami Fl. 33157	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)