

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G98887 (4)

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



Principal Place of Business 16500 SW 107 COURT MIAMI FL 33157 US	Mailing Address 16500SW 107 COURT MIAMI FL 33157 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24.	30.

3. Date Incorporated or Qualified 02/24/1984	3a. Date of Last Report 07/13/1995
4. FEI Number 59-2392914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARIZA, LAURIE E.
16500 S.W. 107 CT
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARIZA, LAURIE	
STREET ADDRESS	15901 SW 102 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RICARDO ARIZA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9100 SW 159 Ter., Miami Fl. 33157	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	VICE PRESIDENT	
2.1 TITLE	Juan Ariza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	15901 SW 102 Ave. MIAMI FL 33157	
2.3 STREET ADDRESS	Managing Director	
2.4 CITY - ST - ZIP		
3.1 TITLE	LAURIE ARIZA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	15901 SW 102 Ave Miami Fl. 33157	
3.3 STREET ADDRESS	Chairman, Trustee & Treasurer	
3.4 CITY - ST - ZIP		
4.1 TITLE	Sandi Willis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	12625 SW 84 Av. Rd Miami FL 33156	
4.3 STREET ADDRESS	Secretary.	
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 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurie Ariza - LAURIE ARIZA 7/8/96 (305)255-2031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)