

**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

DOCUMENT # **G98887 (4)**  
1. Corporation Name  
**L.M.L., INC.**



Principal Place of Business Mailing Address  
**16500 SW 107 COURT MIAMI FL 33157 US** **16500SW 107 COURT MIAMI FL 33157 US**

3. Date Incorporated or Qualified **02/24/1984** 3a. Date of Last Report **07/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<b>\$8.75 Additional Fee Required</b>
24	Zip	29	Zip	7.	This corporation has liability for intangible tax under s. 199.03? Florida Statutes	<b>\$5.00 May Be Added to Fees</b>
25	Country	30	Country	8.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ARIZA, LAURIE E. 16500 S.W. 107 CT MIAMI FL 33157</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>RICARDO ARIZA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARIZA, LAURIE</b>	1.2 NAME	<b>9100 SW 159 Ter., Miami Fl. 33157</b>
STREET ADDRESS	<b>15901 SW 102 AVE.</b>	1.3 STREET ADDRESS	<b>VICE PRESIDENT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Juan Ariza</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>15901 SW 102 Ave. MIAMI FL 33157</b>
NAME		2.2 NAME	<b>Managing Director</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>LAURIE ARIZA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>15901 SW 102 Ave Miami Fl. 33157</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Chairman, Trustee &amp; Treasurer</b>
NAME		3.2 NAME	<b>Sandi Willis</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<b>12625 SW 84 Av. Rd Miami FL 33156</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Secretary</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 617, Florida Statutes, and that my name appears in Block 12 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)