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 Aug 13 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 # 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/24/1984	07/11/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2392914	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New 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, 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 *Ariza* DATE 7/31/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ARIZA, RICARDO	1.2 NAME	LAURIE ARIZA
STREET ADDRESS	8100 SW 159 TERR	1.3 STREET ADDRESS	15901 SW 102 AVE
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	MD	2.1 TITLE	
NAME	ARIZA, JUAN	2.2 NAME	
STREET ADDRESS	15901 SW 102 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	CTT	3.1 TITLE	
NAME	ARIZA, LAURIE	3.2 NAME	
STREET ADDRESS	15901 SW 102 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	WILLIS, SANDI	4.2 NAME	new address
STREET ADDRESS	12625 SW 84 AVE RD	4.3 STREET ADDRESS	14700 Booker T Washington Blvd
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33176 Apt# 508
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 *Ariza* DATE 7/31/97

CR2E034 (9/96)