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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

3. Date Incorporated or Qualified: 02/24/1984  
 3a. Date of Last Report: 07/11/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2392914	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	30. Country	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

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)