

8-13-97 B-8178 MC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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
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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		3. Date Incorporated or Qualified 02/24/1984	3a. Date of Last Report 07/11/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2392914	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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)