

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **J47215** (5)

1. Corporation Name
L.A. RUST, INC.

95 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **8102 SW 14TH STREET
%JUAN OCAMPO
NORTH LAUDERDALE FL 33068**

Mailing Address: **8102 SW 14TH STREET
%JUAN OCAMPO
NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. (Date incorporated or created): 12/05/1986	3a. Date of Last Report: 05/20/1994
21	26	4. FEI Number: 59-2776320		Applied For: Not Applicable	
22. State, Apt. # etc.		27. State, Apt. # etc.		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City	25. County	29. City	30. County	6. This corporation has liability for management fee under § 122.052, Florida Statutes: <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			
OCAMPO, JUAN 1348 AVON LANE, #815 NORTH LAUDERDALE FL 33068				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0542 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: *Juan Ocampo* President (Typed Name and Title)
 _____ Registered Agent (Typed Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1	PD OCAMPO, JUAN 8102 SW 14TH ST. N. LAUDERDALE FL	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	SD OCAMPO, LORIENE 8102 SW 14TH ST NO. LAUDERDALE FL	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(2)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 122, Florida Statutes, and that my name appears on Block 12 or Block 13 of a report or on an attachment with an address.

SIGNATURE: *Juan Ocampo* President

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

051-95 805)722-4132