

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 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. Matham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J47215**  
 1. Corporation Name  
**L.A. RUST, INC**

Principal Place of Business Mailing Address  
**8102 SW 14th ST (Same)**  
**N. LAUDERDALE FL 33068**

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt #, etc 26. Suite, Apt #, etc  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

3. Date Incorporated or Qualified 3a. Date of Last Report:  
**12-12-86**  
 4. FEI Number Applied For / Not Applicable  
**59-2776320**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for exchangeable tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent:  
**JUAN OCAMPO**  
**8102 SW 14th ST**  
**N. LAUDERDALE FL 33068**

16. Name and Address of New Registered Agent:  
 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, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	P, D
NAME	JUAN OCAMPO
STREET ADDRESS	8102 SW 14th ST
CITY - ST - ZIP	N. LAUDERDALE FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

**600001924036**  
**-08/16/96--01036--004**  
**\*\*\*225.00**

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 11.07(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 checked, or on an attachment with an address.

SIGNATURE: X Juan Ocampo **3/7/96** **(954) 722-4132**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)