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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J47215

(5)

L.A. RUST, INC.

## **FILED** Apr 30 1997 8:00am Secretary of State



Principal Place of Business  BIQS SW 14TH STREET			Mailing Address		E 1982116 BUT BEEL 1981 11861 3588 BUT			
NORTH LAUDER		-NORTH-LAUDERDALE-F	t <del>: 93000-3504-</del>					
				3. Date Incorporated or Qua	ſ	ate of Last F 16/1996	Report	
	ace of Business	2a, Mailing Address		4. FEI Number			pplied For	
	1 N.W. 535T	26 6642 N.W	1. 97/n	59-2776320		N	ot Applicable	
Suite, Apt. ≢	#. etc.	Suite, Apt. #, etc.		6. Certificate of Status Desir	ed 🔲	<b>-</b>	Additional equired	
City & State	]	City & State		6. Election Campaign Finance	alna		May Be	
3 SUNT		28 Parkland	FL	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	8. This corporation has liabil	ity for intangible	tax under s	199.032,	
4 3335	11	29 33076	30 Browned			No		
.,	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of N	ew Registered	Agent		
	MPO, JUAN		l lame (	Paning po Juan Address (PO Box Number is Not Ac				
	SW-14TH STREET-	_	Am 0110011	redicted to the post Harmon is received	ceptable)			
non	TH LAUDERDALE FL 83000	<del>-</del>	83	42 N.W. 97 /M	•			
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			84 City	who a	FL		Code 076	
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the above-named	corporation submits this statement for	or the purpose of	changing i	ts registered	
office or re agent. Lar	egistered agent, or both, in the Sta in familiar with, and accept the obl	ite of Florida. Such change wa ligations of Section 607.0505	as authorized by the corp Florida Statutes.	poration's board of directors. I hereby	accept the app	xointment as	registered	
						6-		
RIGNATURE	JUAN Deamas	Summer Charles	and succe	I do ut	4/21/	,,		
SIGNATURE	JUAN OCHMOD Signar ve typed or printed name officialstered in		WTE degistered Agent signature		4/21/ DATE			
12.	Sig ar ize typéd or printed name offiegistèred i OFFICERS A	agent and little II applicable. (N NO DIRECTORS	OTE alegislered Agent Signature 13.	ADDITIONS/CHANGES TO	OFFICERS AND			
12. 100	Signar we hypédiox printed name offegistered :  OFFICERS A  PD	agen and title il applicable. (I	XOTE Aggistered Agent Signature  13.  1.1 Title	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change		
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12. TITLE NAME SUBJECT ADDRESS	Signar ze typist or printed name officialistical of OFFICERS A PD OCAMPO, JUAN 8102 SW 14TH STREET ,	agen and title if applicable (*) UND DIRECTORS DELETE	13. 1.1 Tilte 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO PD OCAMPO, JUAN 6642 N.W. 97/n.				
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12. TICLE NAME SUBSET ADDRESS CITY ST-210 TILLE	Signar ze typist or printed name officialistical of OFFICERS A PD OCAMPO, JUAN 8102 SW 14TH STREET ,	agen and title if applicable (*) UND DIRECTORS DELETE	NOTE Acyristered Agent Greature  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City - St - ZiP 2.1 Title	ADDITIONS/CHANGES TO PD OCAMPO, JUAN 6642 N.W. 97/n.			Addition	
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12.  TICLE NAME SUBJECT ADDRESS CHY ST-ZIP THLE NAME STREEF ADDRESS C-TY-ST-ZIP	Signar ze typist or printed name officialistical of OFFICERS A PD OCAMPO, JUAN 8102 SW 14TH STREET ,	agep and title if applicable (*) UND DIRECTORS  DELETE  DELETE	NOTE A cyristered Agent Cyristered  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 Tivle 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip	ADDITIONS/CHANGES TO PD OCAMPO, JUAN 6642 N.W. 97/n.		Change Change	Addition	
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Tam 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.