

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J47215 (5)**  
1. Corporation Name  
**L.A. RUST, INC.**



Principal Place of Business <del>8102 SW 14TH STREET NORTH LAUDERDALE FL 33068</del>	Mailing Address <del>8102 SW 14TH STREET NORTH LAUDERDALE FL 33068-3504</del>
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3. Date Incorporated or Qualified <b>12/05/1986</b>	3a. Date of Last Report <b>08/16/1996</b>
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2. Principal Place of Business 21 <b>10231 N.W. 535T</b>	2a. Mailing Address 26 <b>6642 N.W. 97th</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 <b>SUNRISE FL</b>	27 City & State 28 <b>Parkland FL</b>
24 Zip <b>33351</b> Country <b>Broward</b>	29 Zip <b>33076</b> Country <b>Broward</b>

4. FEI Number <b>59-2776320</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OCAMPO, JUAN**  
~~8102 SW 14TH STREET  
NORTH LAUDERDALE FL 33068~~

10. Name and Address of New Registered Agent  
81 Name **Ocampo, Juan**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6642 N.W. 97th.**  
83  
84 City **Parkland** 85 Zip Code **FL 33076**

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 607.0506, Florida Statutes.

SIGNATURE: Juan Ocampo Juan Ocampo president 4/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD OCAMPO, JUAN 8102 SW 14TH STREET NORTH LAUDERDALE FL 33068</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD OCAMPO, JUAN 6642 N.W. 97th. Parkland FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Juan Ocampo Juan Ocampo 4/21/97 (954) 749-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)