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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90003 024 ***150.00

DOCUMENT # J47215

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1986
4. FEI Number 59-2776320
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax.

Principal Place of Business 10231 NW 53ST SUNRISE FL 33351 US
Mailing Address 6642 NW 97LN PARKLAND FL 33076 US
2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

9. Name and Address of Current Registered Agent OCAMPO, JUAN 6642 NW 97 LN PARKLAND FL 33076
10. Name and Address of New Registered Agent
81. Name
82. Street Address
83.
84. City
85. Zip Code FL

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD OCAMPO, JUAN
NAME OCAMPO, JUAN
STREET ADDRESS 6642 N.W. 97 LN
CITY-ST-ZIP PARKLAND FL

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 4/15/99 (954) 749-5009 Date Daytime Phone #

CR2E034 (11/98)