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

Mailing Address

6642 NW 97LN

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

DOCUMENT # J47215



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

1. Corporation Name	04/210	
L.A. RUST, INC.		
		A IBRANIO BINA RIBER IBRIO NIBRI ANDRI BANI ONDIN BIRKI
		,

10231 NW 53ST SUNRISE FL 33351 US		6642 NW 97LN Parkland FL 33076 US		DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualifed 12/05/1986				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	plied For	
21		26	6		59-2776320		No	ot Applicable
Suite, Apt. #; etc.		Suite, Apt. #, etc.	L				\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30	30		Personal Property Tax. Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Ro	gistered A	gent	
			81	Name				•
	MPO, JUAN		82 Street Addr		ddress (P.O. Box Number is Not Acceptable)			
	NW 97 LN		OZ Street Adul			, 		
PAR	KLAND FL 33076		83	3				
	•		84	City			85 Zip	Code
				<u> </u>		FL_	<u> </u>	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autho	onzed by	/ the corpor	orporation submits this statement for the pation's board of directors. I hereby accept	the appoint	nanging its ment as re	s registered egistered
SIGNATURE		·				DATE		
	Signature, typed or printed name of registered agen-	``		ent signature req	urred when reinstating)		DIRECTO	NDC IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	PD	C) pereie	1.1 TITLE	Į			(g-	G ,
NAME	OCAMPO, JUAN		1.2 NAME					
STREET ADDRESS	I	•	1	TADORESS				
CITY-ST-ZIP	PARKLAND FL	- Delege	1.4 CITY-	ST-ZIP			Change	Addition
TITLE	}	DELETE	2.1 TITLE	,			C1 Ollarigo	
NAME	<u> </u>		2.2 NAME					
STREET ADDRESS	{		2.3 STREI	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	ST-ZIP			r Channe	Addition
TITLE	}	DELETE	3.1 TITLE				Change	☐ Wadigon
NAME	The second second	garage of the second	3.2 NAME		* · · · · ·			
STREET ADDRESS	{		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>	,	3.4. CITY-	ST-ZIP			F7.0t	F7 A 2000 :
TITLE]	☐ DELETE	4.1 TITLE	,			Change	Addition
NAME			4. 2 NAME	.				
STREET ADDRESS			43 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP 🗻				
TITLE		☐ DELETE	5.1 TITLE		·		☐ Change	Addition
NAME			5.2 NAME	ł				
STREET ADDRESS	(5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	}		5,4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	}				
STREET ADDRESS	<u> </u>		6.3 STRE	ET ADDRESS				
			6.4 CITY-	ST-ZIP				
CITY-ST-ZIP	and if that the information applied will	th this filing does not qualify for the			in Section 119.07(3)(i). Florida Statutes, I	further certi	fy that the	information

neaeby certify that the information supplied with this little does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, 1 intriner certify that the information indicated on this annual report or suppliemental 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 of 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 abachment with an address, with all other like empowered.

SIGNATURE: