

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J71410 (1)

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 141 NW 20TH ST 00 SUITE H4 BOCA RATON FL 33431 US	Mailing Address 141 N W 20TH ST 00 SUITE H4 BOCA RATON FL 33343 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. H4	26 Suite, Apt. #, etc. H4
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/06/1987	
4. FEI Number 59-2819828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALFIERI SR., LOUIS
1440 N.W. 12TH WAY
BOCA RATON FL 33494

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFIERI, LOUIS SR	1.2 NAME	
STREET ADDRESS	1440 N.W. 12TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFIERI, LOUIS JR	2.2 NAME	VP
STREET ADDRESS	1400 NW 13TH ST APT 15	2.3 STREET ADDRESS	LOUIS ALFIERI JR.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	1461 SW 16TH ST
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFIERI, RICHARD	3.2 NAME	SD
STREET ADDRESS	241 NW 15TH STREET	3.3 STREET ADDRESS	MAYDA ALFIERI
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	1461 SW 16TH ST
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

VP
 LOUIS ALFIERI JR.
 1461 SW 16TH ST
 BOCA RATON, FL 33486-6533

SD
 MAYDA ALFIERI
 1461 SW 16TH ST
 BOCA RATON, FL 33486-6533

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.

SIGNATURE: *Louis Alfieri Sr.* 4/15/98 561-391-6518

CR2E034 (10/97)