FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	GOVE	DIVISION OF	OOH OHAI	CNO					
DOCUN 1. Corporation	MENT #	L25371	(0)							
LORD	'S OPERATIONS	, INC.								
Principal Place	of Business	М	lailing Address		- ·	—— III		BBBI HAH THEM		
			1115 S.E. 8TH CT.							
HIALEAH F	L 33010		HIALEAH FL 33010							
						I	orporated or Qualified 25/1989	1 **	of Last F	
. Principal Pla	ace of Business	2a.	Mailing Address			4. FEI Num			04/18/1	Applied For
		26				65-0160816			Not Applicab	
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certifical	te of Status Desired			Additional
City & State			City & State			6. Election	Campaign Financing			Required May Be
		28		-r- 		ſ	nd Contribution			d to Fees
Zip	Countr 25	y 29	Zip	Countr	У	8. This corp	poration has liability for	intangible ta	x under s	199.032.
		ess of Current Regis	tered Agent	130			nd Address of New I		Agent	
				81	Name				<u>-7</u>	
ARGUELLES, JOAQUIN E. 1115 S.E. 8 COURT HIALEAH FL 33010				82	Street	Address (P.O. Box N	umber is Not Acceptal	bie)		
MALEA	NT FL 33010			83	Ί					
				ļ <u>. </u>						
Or registere	o the provisions of Sect ad agent, or both, in the n, and accept the obliga	otate di Fidrida, Sucri	i change was authorize	ea by the core	named o	orporation submits the board of directors. I	is statement for the pu hereby accept the app	FL prose of cha		p Code egistered offic agent. I am
familiar with	n, and accept the obligation of the state of	ations of, Section 607.	ochange was authorize 0505, Florida Statutes.	es, the above- ed by the corp IE Registered Age	named cooration's	board of directors. I	hereby accept the app	rpose of cha xointment as	inging its registered	egistered offic agent. I am
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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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

TORQUIN E. ARGUELLE

(305)887-5017