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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

L31167

(4)

FILED Mar 03 1998 8:00am Secretary of State

LA V	ERANDA, INC.				
Principal Plac	ce of Business	Mailing Address			9 /1 010/4 010/1 010/1 010/1 0/01/ 400/
C/O FRANCO ANTIMUCCI C/O FRANCO ANT 2121 EAST ATLANTIC BLVD. 2121 EAST ATLAN		C/O FRANCO ANTIMU 2121 EAST ATLANTIC POMPANO BEACH FL	BLVD.	DO NOT WRITE IN T 3. Date Incorporated or Qualified 11/15/1989	HIS SPACE
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0163190	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		S, Colvinate of Clares Dobling	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
— ·	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible
24	g. Name and Address of Curren		30	10. Name and Address of New Registe	
	ANTIMUCCI, FRANCO		81 Name		
	2121 EAST ATLANTIC BLVD.		00 0	(0.0.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
POMPANO BEACH FL 33062			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
•	OMI AITO BENOTITE GOODE		83		
			04 03.		[86] 75 O-d-
			84 City		EL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was	es, the above-named cauthorized by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes.	,	
SIGNATURE			F 70		
12.	Signature, typod or printed name of registered age OFFICERS ANI		F: Registered Agent signature re	quired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ANTIMUCCI, FRANCO		1.2 NAME		
STREET ADORESS	2121 E. ATLANTIC BLVD.		1.3 STREET ADDRESS		[8]
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		الم الم
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		\frac{1}{2}
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 THILE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	······································	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		D.C. ETT	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ vaccia	6.1 TITLE		Change L Addition
NAME	i		6.2 NAME		
					I
STREET ADORESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 dyporation of 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 in an attachment with an address.

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