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

PROFIT CORPORATION ANNUAL REPORT

1997

 $\mathcal{F}_{\mathcal{F}}$

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L31271

(4)

LA CUM	BRE, INC.		()							
Principal Plac	e of Business	Mailing A	Mailing Address							
277 NO. ROSC PONTE VEORA US		P. O. BOX 1651 PONTE VEDRA FL 32004-1651 US								
	•						3. Date Incorporated or Qualified		ate of Last R	leport
2. Principal P	lace of Business	2a. Mailing Address					11/20/1989 4. FEI Number	V0/	18/1996 Ar	oplied For
21		26					59-2986906		— 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				•	5. Certificate of Status Desired		\$8.75	Additional
22		27					o, octanomic of olders posited		Fee Re	equired
City & Stat	6	City & State					6. Election Campaign Financing	-		May Be
23 Zip	Country	28 Zin	Zip Country				Trust Fund Contribution			to Fees
24	25	29		30	-ή ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
-71	9, Name and Address of Curre		Agent	1301			10. Name and Address of New F			
STILL, RICK 277 NO. ROSCOE BLVD. PONTE VEDRA FL 32082					81 82 83	Street Address (P.O. Box Number is Not Acceptable)				
				E	84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and accept the obli	02 and 607.150 e of Florida. Suc gations of, Secti	8, Florida Statu ch change was on 607.0505, F	ites, the abo authorized forida Statu	ove by ites	e-named oc the corpor s.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of ept the app	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered a	soot and tele if soulor	ANG.	ill Designated	Acres	ed nime Mure ess	juired when reinstating)	DATE		
12.	···	ND DIRECTORS		13.	-gr.	rit arg tarore rec	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE			DELETE	1.1 TITL	1.1 TITLE				Change	Addition
NAME	CESARE, BARBARA BEE			1.2 NAME			a hi: n			
STREET ADDRESS	500 E 77TH STREET, #2410		1.3 STREET AD			ADDRESS =	5101 Collins Au Miami Beh FL 3	2. #1	6 M	
CITY-ST-ZIP	NEW YORK NY			14 CITY-SI-7IP		7-712	Miami Bch FL 3	3140		
TITLE	D		☐ DELETE	2.1 1IIL	2.1 TITLE		•		☐ Change	Addition
NAME	STILL, RICK		1		2.2 NAME					Ì
STREET ADDRESS	1 217 110: 1100002 52:0:		II		2 3 STREFT ÅDDRESS					
CITY-ST-ZIP	PONTE VEDRA FL			2. 4 CIT		ST - 7IP			T-1 %	
TITLE			3.1 TITL					Change	☐ Addition	
NAME RESERVED			32							
STREET ADDRESS			1			ADDRESS				-
CITY-ST-ZIP TITLE					3.4 CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME			_ beter	4. F 111L8					L Ollange	L. J Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY]
TITLE			DELETE	5.1 TITL		1 · ZH			Change	Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 City						

14. I do 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report of supplied with this filing does not qualify the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report of supplied with the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report of supplied with the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)(iii). Florida Statutes in Section 119.07(3)(iii)

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

MATURE. Of My Sh

DELETE

=1-10-

***550.00

200002201892 -06/<u>0</u>4/97--01099--012

0 450564 . ..

Addition

5/21/9

FILED

May 21 1997 8:00am

Secretary of State