

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

022899

*** PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87552

1. Corporation Name
LAL VENTURES CORP.

Principal Place of Business
**7695 SW 104TH STREET
SUITE 210
MIAMI FL 33156**

Mailing Address
**7695 SW 104TH STREET
SUITE 210
MIAMI FL 33156**

99 MAY 11 PM 4:01

RECEIVED STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1988
4. FFI Number
APPLIED FOR 65-0916440 Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No
10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**LITTMAN, ERIC P
7695 SW 104 STREET
SUITE 210
MIAMI FL 33156**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 City	

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature must be witnessed by a Notary Public)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LITTMAN, ERIC P
STREET ADDRESS	7695 SW 104 ST. #210
CITY-ST-ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DIRECTOR
12 NAME	JAY GOLDMAN
13 STREET ADDRESS	2 VENTURE PLAZA, SUITE 350
14 CITY-ST-ZIP	IRVINE CA 92618
21 TITLE	DIRECTOR
22 NAME	EPPLE CANNING
23 STREET ADDRESS	2 VENTURE PLAZA, SUITE 350
24 CITY-ST-ZIP	IRVINE CA 92618
31 TITLE	DIRECTOR
32 NAME	KEN MILLER
33 STREET ADDRESS	2 VENTURE PLAZA, SUITE 350
34 CITY-ST-ZIP	IRVINE CA 92618
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (11/98)

4-38-99-385-603-3333