
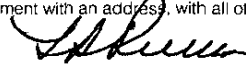


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90069 009 ***158.75

DOCUMENT # P03000036909 1. Entity Name 16 LM CORPORATION					
Principal Place of Business 8377 SW 137 AVE MIAMI, FL 33183		Mailing Address 8377 SW 137 AVE MIAMI, FL 33183			
2. Principal Place of Business 14055 S.W. 142 AVE. Suite, Apt. #, etc. STE 24		3. Mailing Address 14055 S.W. 142 AVE. Suite, Apt. #, etc. STE 24			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 41-2097472 Applied For <input type="checkbox"/> Not Applicable	
Zip 33186	Country MIAMI-DADE	Zip 33186	Country MIAMI-DADE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIERA, LUIS A 8377 SW 137 AVE MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYA, JESUS R 8377 SW 137 AVE MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LUIS A. RIERA 8377 SW 137 AVE. MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYAH, JULIO C CARRETERA EL HATILLO ALTO HATILLO A11-3A CARACAS 1051 VENEZUELA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		LUIS A. RIERA		02/23/04 (305) 238 2210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	