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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

SIGNATURE:

P92000014910 (3)

LLANES ENTERPRISES, INC.

| Etrinoipal Etlade d | of Business | Mailing Address | THE THE SHARE AND ADDRESS OF THE SHARE AND ADD | | | |
|--|--|--|--|---------------------------------|--|---|
| 4008 N.W. 24 STREET MIAMI FL 33142 | | 4008 N.W. 24 STREET MIAMI FL 33142 | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/29/1992 | 3a. Date of Last Report 01/26/1995 |
| Principal Piar 2435 | ne of Business N.W. 39TH AVE. | 2a. Mailing Address 26 2435 N | w 391 | H AUE. | 4, FEI Number 65-0376457 | Applied For Not Applicable |
| Suite, Apl. #, | , etc. | Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State A M A M | 11 , E | City & State 28 MIAMI, f2 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 4 Zp 3314 | 12 Country 25 | Zip 3:3442 | Countr | У | 8. This corporation has liability for int Florida Statutes | * |
| | g. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | gistered Agent |
| | | | 81 | Name | | |
| LLANES, ALFONSO 14011 LEANING PINE DR. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable | |
| MIAMI U | | | 83 | • | | V |
| | | | 84 | 1 | | FL 85 Zip Code |
| or registere | the provisions of Sections 607.05 diagent, or both, in the State of Fic i, and accept the obligations of, Se | orida. Such change was authorize | s, the above d by the con | named corpor poration's boar | ation submits this statement for the purpord of directors. I hereby accept the appoir | ose of changing its registered office atment as registered agent. I am |
| SIGNATURE | | | | | | |
| 2.2 | ignative typed or proteid have of regulares ag | | | orit signature required | | DATE |
| 12. III.F | OFFICERS A | ND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| NAME | LLANES, ALFONSO | L Detere | 1 1 TITLE | | | ☐ Change ☐ Addition |
| | 14011 LEANING PINE DR. | | 1.2 NAME | | | |
| STREET ACCURESS | MIAMI LAKES FL | | | 1 ADDRESS | | |
| CHY+S1+ZIP ULE | ST | ☐ DELETE | 1.4 CITY - 2 1 TITLE | | | Change Addition |
| NAME | LLANES, ALICIA | | 2 2 NAME | | | Change E Radinon |
| S BEET ADDRESS | 14011 LEANING PINE DR. | | 1 | T ADDRESS | | |
| CHY-SL-ZIF | MIAMI LAKES FL | | 2 4 CITY- | | | |
| fifte | | DELETE | 3 1 TITLE | | | Change Addition |
| NAMI | | _ | 3.2 NAME | | | |
| STREET ADORESS | | | 33 STRE | E1 ADDRESS | | |
| City St Zir | | | 3.4 CITY - | ST-ZIP | | |
| TIPLE | | ☐ DELETE | 4 1 TITLE | | | Change Addition |
| NAM: | | | 4 2 NAME | | | |
| STREET ADDRESS | | | 4 3 STREE | I ADDRESS | | • |
| CHY ST ZIP | | | 4.4 CITY- | ST-ZIP | | |
| THEF | | ☐ DELETE | 5 1 THLE | : | | Change Addition |
| MM | | | 5.2 NAME | | | |
| STRE: L'ADDRESS | | | 5.3 STAFE | 1 ADDRESS | | |
| CIY SLZP | | ED DEVER | 5.4 CiTY- | | | |
| T:1LF | | Delete | 6 1 TITLE | ĺ | | Change Addition |
| NAME | | | 6.2 NAME | 1 | | |
| STREET ADORESS | / |) | | I ADDRESS | | |
| 01'r - \$1 - 712 | certify that the information supplie | d with this firm is valuntarily furnic | 64 CITY- | | or the exemption stated in Section 119.0 | 7/2VL) Florido Ptotidos I findh- |
| certify that | the information indicated or this ar ani an officer or director all the cor | inual report or supplemental annu | al report is to empowered | rue and accura | ite and that my signature shall have the si s report as required by Chapter 607, Flor | ame legal effect as if made under |

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #