SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -5 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021238 (9)**

1. Corporation Name
L.A. AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
20047 S.W. 123RD DRIVE MIAMI FL 33177	20047 S.W. 123RD DRIVE MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21: 20733 SW. 86 CT.
22 Suite, Apt. #, etc.:
23 City & State: Miami Fla
24 Zip: 33189
25 Country: U.S.A.

2a. Mailing Address
26: 20733 SW. 86 CT.
27 Suite, Apt. #, etc.:
28 City & State: Miami Fla
29 Zip: 33189
30 Country: U.S.A

4. FEI Number: 65-0441173 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALVARADO, ERNESTO E
~~20047 S.W. 123RD DRIVE~~ 20733 SW. 86 CT.
MIAMI FL 33177 Miami Fla 33189

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARADO, ERNESTO E 20733 SW 86 CT MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 20733 SW. 86 CT Miami Florida 33189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARADO, LINDA K 20733 SW 86 CT MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 20733 SW. 86 CT Miami Fla 33189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, JOSE E 11965 S.W. 93RD TERRACE MIAMI FL 33186	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 000001530780 -07/06/95--01049--005 *****225.00 *****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, BARBARA L 11965 S.W. 93RD TERRACE MIAMI FL 33186	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached with an address.

SIGNATURE: _____ 6-26-95 305-663-3645
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0146210 FP