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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000021238 (9)

1. Corporation Name

L.A. AND ASSOCIATES, INC.

Principal Place of Business

20733 SW 86TH CT
MIAMI FL 33189

Mailing Address

20733 SW 86TH CT
MIAMI FL 33189-3808

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

02/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 20810 SW 23A ST.

23 City & State
Miami Fla

24 Zip
33031

25 Country
USA

2a. Mailing Address

26 20810 SW 23A ST.

27 City & State
Miami Fla

28 Zip
33031

29 Country
USA

4. FEI Number

65-0441173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
20733 SW 86TH CT.DRIVE
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

20810 SW 23A ST.

83 City

84 City

FL

85 Zip Code

33031

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 of the registered agent or the person applying for the change of agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
ALVARADO, ERNESTO E
20733 SW 86 CT.
MIAMI FL 33189

☐ DELETE

D
ALVARADO, LINDA K
20733 SW 86 CT
MIAMI FL 33189

☐ DELETE

D
LOPEZ, JOSE E
11965 S.W. 93RD TERRACE
MIAMI FL 33186

☐ DELETE

D
LOPEZ, BARBARA L
11965 S.W. 93RD TERRACE
MIAMI FL 33186

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

20810 SW 23A ST.
Miami Fla 33031

20810 SW 23A ST
Homestead, Fla 33031

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/97 - 245-9954

CR2E034 (9/96)