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Mar 10 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 # P93000064214 (8)

1. Corporation Name
LLERRAD INTERNATIONAL, INC.



Principal Place of Business

7889 SADDLEBROOK DRIVE
PORT ST LUCIE FL 34986
US

Mailing Address

P.O. BOX 12936
FT PIERCE FL 34047
US

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 P.O. Box 12936
Suite, Apt. #, etc.

27 City & State

28 Ft. Pierce, FL
Zip Country
29 34947 30 US

4. FEI Number
59-3209533

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

STARKE, LEONARDO D.
3340 McDONALD ST.
SUITE 3800
MIAMI FL 33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNEIL, RYAN D	
STREET ADDRESS	4702 AVENUE Q	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAYWOOD, ROSE M.	
STREET ADDRESS	P.O. BOX 3862 N/A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, PATSY	
STREET ADDRESS	2803 ESSEX DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ryan D. McNeil	
13 STREET ADDRESS	1717 N. Bayshore Dr.	
14 CITY-ST-ZIP	Miami, FL 33132	
21 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rose M. Haywood	
23 STREET ADDRESS	7889 Saddlebrook Dr.	
24 CITY-ST-ZIP	Port St. Lucie, FL 34986	
31 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Patsy Collins	
33 STREET ADDRESS	2889 Saddlebrook Dr.	
34 CITY-ST-ZIP	Port St. Lucie, FL 34986	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

Ryan D. McNeil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

305-375-9297

Date

Daytime Phone #

CR2E034 (9/96)