FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM11:52

DOCUMENT # P93000064900 (2)

1. Corporation Name
LEMUS SERVICE, INC.

Principal Place of Business	Mailing Address
4211 NW 195 ST CAROL CITY FL 33055	4211 NW 195 ST CAROL CITY FL 33055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 10/18/1994

2. Principal Place of Business (21): 1840 W. 49 ST.
Suite, Apt. #, etc. (22): 712
City & State (23): HIALEAH, FL
Zip (24): 33012
Country (25): DADE

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: 65-0436435 ☐ 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

LEMUS, LAZARO
4211 NW 195 ST
CAROL CITY FL 33055

10. Name and Address of New Registered Agent

81 Name: LEMUS, LAZARO
82 Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49 ST.
83: SUITE 712
84 City: HIALEAH FL 85 Zip Code: 33012

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LEMUS, LAZARO	1.2 NAME	LEMUS, LAZARO
STREET ADDRESS	4211 NW 195 ST	1.3 STREET ADDRESS	1840 W 49 ST. SUITE 712
CITY-ST-ZIP	CAROL CITY FL 33055	1.4 CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	DE LA O, CARIDAD	2.2 NAME	DE LA O, CARIDAD DELETE
STREET ADDRESS	4211 NW 195 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V ☒ Change ☐ Addition
NAME	LATTORRE, CARLO	3.2 NAME	LATTORRE, CARLO
STREET ADDRESS	17210 NW 64 AVE	3.3 STREET ADDRESS	1840 W 49 ST. SUITE 712
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: Lazaro V. Lemus 01-24-95 (305) 823-1275
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0103307 CP