FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000064900 (2)

1. Corporation Name
LEMUS SERVICE, INC.

Principal Place of Business
1840 W. 49TH ST.
SUITE 712
HIALEAH FL 33012
US

Mailing Address
4211 NW 195 ST
CAROL CITY FL 33055

3. Date Incorporated or Qualified 09/15/1993

3a. Date of Last Report 01/30/1995

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

2. Principal Place of Business
21 11300 NW 87 CT.
Suite, Apt. #, etc.
22 SUITE 159
City & State
23 HIALEAH GARDENS FL
Zip
24 33016
Country
25 DADE

2a. Mailing Address
26 11300 NW 87 CT.
Suite, Apt. #, etc.
27 SUITE 159
City & State
28 HIALEAH GARDENS FL
Zip
29 33016
Country
30 DADE

9. Name and Address of Current Registered Agent

LEMUS, LAZARO
1840 W. 49 ST.
SUITE 712
HIALEAH FL 33012

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 ____

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	LEMUS, LAZARO	
STREET ADDRESS	1840 W 49 ST. SUITE 712	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	[ ] DELETE
NAME	LATTORRE, CARLO	
STREET ADDRESS	1840 W 49 ST. SUITE 712	
CITY-ST-ZIP	HIALEAH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[X] Change [ ] Addition	
1.2 NAME		
1.3 STREET ADDRESS	11300 NW 87 CT. #159	
1.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
2.1 TITLE	[X] Change [ ] Addition	
2.2 NAME		
2.3 STREET ADDRESS	11300 NW 87 CT. #159	
2.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
3.1 TITLE	[ ] Change [ ] Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change [ ] Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change [ ] Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change [ ] Addition	
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: CARLO LATTORRE 4-18-96 305-823-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)