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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

11300 NW 87TH CT
STE 159
HIALEAH FL 33018
US

Mailing Address

11300 NW 87TH CT
STE 159
HIALEAH GARDENS FL 33018-4521
US

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 1840 W 49TH ST.

26 1840 W 49TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 519

27 SUITE 519

City & State

City & State

23 HIALEAH, FL.

28 HIALEAH, FL.

Zip

Zip

Country

Country

24 33012

25 FL

29 33012

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

LEMUS, LAZARO

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

1840 W 49TH ST.

83

SUITE 519

84

HIALEAH

FL

85

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

Signature of the individual named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

03-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	LEMUS, LAZARO	
STREET ADDRESS	11300 NW 87TH CT, #159	
CITY-STATE-ZIP	HIALEAH GARDENS FL	
TITLE	V	DELETE
NAME	LATTORRE, CARLO	
STREET ADDRESS	11300 NW 87TH CT, #159	
CITY-STATE-ZIP	HIALEAH GARDENS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P	Change	Addition
1.2 NAME	LEMUS, LAZARO		
1.3 STREET ADDRESS	1840 W 49TH ST. SUITE 519		
1.4 CITY-STATE-ZIP	HIALEAH, FL. 33012		
2.1 TITLE	J.	Change	Addition
2.2 NAME	LATTORRE, CARLO		
2.3 STREET ADDRESS	1840 W 49TH ST. SUITE 519		
2.4 CITY-STATE-ZIP	HIALEAH, FL. 33012		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0125109

03-11-97

CR2E034 (9/96)