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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:09

DOCUMENT # **P93000076699 (6)**

1. Corporation Name
LFM INT'L CORP.

Principal Place of Business	Mailing Address
~~121 S.E. 1ST STREET~~ ~~SUITE 1007~~ ~~MIAMI FL 33131~~	~~121 S.E. 1ST STREET~~ ~~SUITE 1007~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0446970	☐ 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
7. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 121 SE 1ST ST	26 121 SE 1ST ST
Suite, Apt. #, etc. 22 # 505	Suite, Apt. #, etc. 27 # 505
City & State 23 N. MIAMI BEACH	City & State 28 N. MIAMI BEACH
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

9. Name and Address of Current Registered Agent

~~MORGERF, JOAQUIM R~~
~~121 S.E. 1ST STREET~~
~~SUITE 1007~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: DENISE F.L. CARABIAS
82 Street Address (P.O. Box Number is Not Acceptable): 17011 N. BAY RD 106.
83
84 City: N. MIAMI BEACH. FL 85 Zip Code: 33160.

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: Denise F.L. Carabias
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	D	11 TITLE	☐ Change ☐ Addition
NAME	DE LIMA, MILTON	12 NAME	
STREET ADDRESS	RUA MARION BARRETO NO. 43, TIJUCA	13 STREET ADDRESS	
CITY ST ZIP	RIO DE JANEIRO BRASIL	14 CITY ST ZIP	
TITLE	~~D~~	21 TITLE	VS ☒ Change ☐ Addition
NAME	~~MORGERF, JOAQUIM R~~	22 NAME	DENISE F.L. CARABIAS
STREET ADDRESS	~~7441 WAYNE AVENUE #4L~~	23 STREET ADDRESS	17011 N. BAY RD 106
CITY ST ZIP	~~MIAMI BEACH FL 33141~~	24 CITY ST ZIP	N. MIAMI BEACH, FL 33160
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Denise F.L. Carabias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Chairman / President

0132408 CP