FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25 1998 8:00am Secretary of State

DOCUMENT # P9300	0076699 (6)		
LFM INT'L CORP.	` '		
EIM MILE COM			I ACCUMENTA MICHARDO MUNICONO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO CONTROLO
Principal Place of Business	Mailing Address		t tobridge the local still bour saint sour sour tobre brite brite fait fabt
245 S.E. 1ST ST	245 S.E. 1ST STREET		
311 Miami Fl 33131	311 Miami FL 33131		DO NOT WRITE IN THIS SPACE
US	US		3. Date Incorporated or Qualified
			11/01/1993
2. Principal Place of Business	2a. Mailing Address	1 40	4. FEI Number Applied For
21 245 SE POT STREET	120 0 70	at STREET	65-0446970 Not Applicable
Suite, Apt. #, etc. 334	Suite, Apt. #, etc.	336	Certificate of Status Desired Section Section Section Sectio
City & State	City & State	—	Election Campaign Financing \$5.00 May Be
23 MIAMI - FL.	28 MIAM,	1 - FL	Trust Fund Contribution Added to Fees
Zip Country U9	748 201 32	Country US.	8. This corporation owes or has paid the current year Intangible
24 27 27 25		10 03	Personal Property Tax due June 30. Yes No
g, Haille allo Address of Correll Registered Agent			
Carabias, Denise F.L. 17011 N Bay RD_108		1	PALTON DE FREITAS LIMA
MIAMI BEACH FL 33160		82 Street Add	tress (P.O. Box Number is Not Acceptable)
MINIM DEACHTE 00100		83 /	
		84 City	es Zio Codo
		1 / 1000	ent Miani BEACH FL 85 Zig Code 60
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. Open, 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, placed or principly frame of your secred any	ent and title if applicable (NOTE:	BE LIMA Registered Agent signature requi	
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	NESIDENT Change Middition
NAME DE LIMA, MILTON		1.2 NAME	DE LIMA, MILTON
STREET ADDRESS RUA MARION BARRETO NO.	43, TIJUCA	1.3 STREET ADDRESS	767 COLLINS AVE. # 1801
CITY-ST-ZIP RIO DE JANEIRO BRASIL	DELETE	1.4 CiTY-ST-ZIP	TGT COLLINS AVE. # 1801 THE PRESIDENT LANGE Addition
TITLE NAME	ב"ו הנרבוב	2.1 TITLE	ICE TRESIDENT LANGUE DE ADDITION
STREET ADDRESS		E.E. MAINE 6	DE TREITHS LIMA, DALION
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7021 N. BAY RD # 917
TIFLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	L Change L Addition
NAME		4. 2 NAME	
STREET ADDRESS -		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify that the information supplied w	ith this filing dose not qualify for	64 CiTY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this applied report or supplied of	ol appual report is true and accur	ate and that my clands	tre shall have the same least effect as if made under eath; that I am an

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am at officer or director of the corporation on 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 changes, or on an atlashment with an address.