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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF COMPORATIONS

1996

P93000082036 (3)

DOCUMENT # 1. Corporation Name

LD SOLUTIONS, INC.

Principal Place of Business



15434 NW MIAMI LAY	77TH CT KES FL 33016	1411 W. 49 ST. HIALEAH FL 330	012					
<u> </u>				····	3. Date Incorporated or Qualified 12/01/1993		of Last R 01/24/1	
2. Principal Place of Business		2a. Mailing Address	<u>├</u> ¬		4. FEI Number	- L	TT.	Applied For
<del></del>	# _1_	26			65-0450112			Not Applicable
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip I	Country 25	7/p <b>29</b>	30 Cour	try	This corporation has liability for in Florida Statutes	intangible ta No	x under s	199.032,
	9. Name and Address of C	Current Registered Agent		····	10. Name and Address of New R	egistered A	Agent	
7010			[;	31 Name				
1000 I	ER, ROSS CPA NORTH HIATUS ROAD				ddress (P.O. Box Number is Not Acceptable)			
PEMB	ROKE PINES FL 33086			33				
				34 City		FL	1 1 1	Code
familiar wi SIGNATURE .	th, and accept the obligations of	M	ates.		oration submits this statement for the pur ard of directors. I hereby accept the appo	3/6/	g L	agent. I am
			[NOTE: Registered A	gent signature require	ed when reinstating)	DATE		
2.	OFFICER	S AND DIRECTORS	INOTE: Registered A	gent signature require	ed when reinstaling)  ADDITIONS/CHANGES TO OFFI	DATE"	DIRECTO	RS IN 12
· · · · · · · · · · · · · · · · · · ·	OFFICER P				ed when reinstaling) ADDITIONS/CHANGES TO OFFI			
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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: