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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:15

DOCUMENT # **P94000006166 (0)**

1. Corporation Name
L.C.M. INTERNATIONAL, INC.

Principal Place of Business
1150 101ST STREET
BAY HARBOR FL 33154

Mailing Address
1150 101ST STREET
BAY HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 430 N. E. 29TH TERRACE
22 Suite, Apt. #, etc.:
23 City & State: MIAMI, FL.
24 Zip: 33137 25 County: DADE

27 2a. Mailing Address: 430 N.E. 29TH TERR.
28 City & State: MIAMI. FL.
29 Zip: 33137 30 County: Dade

4. FEI Number: 65-0464619 ☐ 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

9. Name and Address of Current Registered Agent

CHAMBERLAND, MARC J
C/O CHAMBERLAND & ASSOCIATES P.A.
8180 DORAL BLVD., SUITE 102
MIAMI FL 33166

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MELO, LUIZ R	12 NAME	MELO, LUIS R.	
STREET ADDRESS	635 COLLINS AVE. #412	13 STREET ADDRESS	430 N.E. 29TH TERRACE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	MIAMI FL. 33137	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SCHMIDT, CHRISTA	22 NAME	SCHMIDT, CHRISTA	
STREET ADDRESS	1150 101ST STREET	23 STREET ADDRESS	430 N.E. 29 TH TER.	
CITY-ST-ZIP	BAY HARBOR FL 33154	24 CITY-ST-ZIP	MIAMI, FL. 33137	
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 the 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: Christa Schmidt 3/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0103598 CP