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Apr 10 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 # P94000006166 (0)

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



Principal Place of Business
430 NE 29TH TERRACE
MIAMI FL 33137
US

Mailing Address
430 NE 29TH TERR
MIAMI FL 33137-4327
US

3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0464819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 176 NE 44 Street
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI, FLORIDA
24 Zip	29 33137
25 Country	30 Country

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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MELO, LUIZ R	1.1 TITLE	D MELO, LUIZ R
NAME	430 NE 29TH TERR	1.2 NAME	176 NE 44 Street
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	MIAMI, FL 33137
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D SCHMIDT, CHRISTA	2.1 TITLE	D SCHMIDT, CHRISTA
NAME	430 NE 29TH TERR	2.2 NAME	176 NE 44 Street
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL 33137
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: Christa Schmidt April 4, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)