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

PROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director of the appears in Block 12 or Block 1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400009293 (9)

LACE ENTERPRISES CORPORATION

Princ	ipai	Place	Of	Busir
-	• ***	-		

Mailing Address

FILED Mar 17 1997 8:00am Secretary of State



3808 8.W. 8TH ST. MIAMI FL 33134		P O BOX 652953 MIAMI FL 33265-2953 US			
				3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report 03/12/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /049	D HW 26 STROUT	[26]		65-0471439	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	***	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MI - HORIDA	City & State	, <u>.</u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip z	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 <u> </u>	1/2 25 04103		30		Yes No
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Reg	
	NANDEZ, LUIS H		81 Name	LUIS H. FORNA	HDGZ
	B S.W. 8TH ST.		B2 Street Ad	dress (P.Q. Box Number is Not Acceptable	le)
MIAI	MI FL 33134			0490 NW 26 ST	KGGT
			83		
	Λ		84 City	11441	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1308, Florida Statute	es, the above-named co	propration submits this statement for the pr	urpose of changing its registered
omice or re agent. I ai	egisteren ingent, or both, in he State of m familier with and accept the obliced	r lorina. Such change was a one of, Section 607.0505. Flo	uthorized by the dorpor rida Statutes:	ration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	- LUIGH	ZXWANEDSZ		DENT 3	110197
SIGNATORE 2	Stood by Ma of printed name of registered agent	and title if applicable (NOTE	Registered Agent signature rec	juired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PL	DELETE	1.1 UILE	LUIS H KERNAND	Change Addition
NAME	Fernandez, Luis H		1.2 NAME	PROSIABUT	
STREET ADDRESS	3808 SW 8 ST		1.3 STREET ADDRESS	10490 10 265	<u> </u>
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CHY-S1-7IP	MIAN - HL DE	172
TITLE	VP	☐ DELETE	2 1 THILE	V.P. (= p. p.)	Change Addition
NAME	FERNANDEZ , LUIS C		2.2 NAME	LUIS C PERNANE	02
STREET ADDRESS	3808 SW 8 ST		2.3 STREET ADDRESS	10490 NW 260	REST
CITY-ST-ZIP	CORAL GABLES FL 33134		2 4 CiTY+ST+ZIP	10490 NW 265 MIANI -FC 33	172
TITLE		☐ DELETE	3.1 TILLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- \$1- ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-\$1-7iP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS	•		6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied v n indicated on this annual report or sup- ficer or director of the comparation or th	vith this filing does not qualify plomental annual report is true e receiver or trustee empoy	for the evenintion state	ed in Section 119 07(3)(i), Florida Statutes at my signature shall have the same legal ort as requi j ed by Chapler 607, Florida St	. I further certify that the effect as if made under cath; that alules; and that my name