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

PROFIT **CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000009293 (9)

LACE ENTERPRISES CORPORATION

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 10011091 (40 1011) 01011 00111 68(4)	TAINE ANDIN ANDER LASSON INDI	4 10160 (111 100)
10490 NW 26TH ST P O BOX 652953 MIAMI FL (33134) MIAMI FL 33265-2953 US US					DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified		
					01/27/1994		1
	ace of Business	2a. Mailing Addi	ess		4. FEI Number	<u> </u>	Applied For
Suite, Apt.	# atc	26 Suite, Apt. #	elo		65-0471439	- / ¢0.7	Not Applicable  5 Additional
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		DO May Be led to Fees
Zip Country Zip			Count	Country  8. This corporation owes or has paid the current year Intangible			
24 33/72-2/84 25 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
		rent Registered Agent	8	Name	10. Name and Address of New R	egistered Agent	
	S H FERNANDEZ		*	1 vaine			
10490 NW 26TH ST MIAMI FL(33134)			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
*****	WIII / LOOTOY		8	3	· · · · · · · · · · · · · · · · · · ·		
]	٨		8	City		FL 85	Zip Code
11 Pursuant t	o the provisions of Sections 607.	0502 and 607 1508 Flori	da Statutes, the abo	ve-named corr	poration submits this statement for the	purpose of changin	o its registered
office or re	egistered agent, or both, in the St	ale of Florida. Such char	ge was authorized t	by the corpora	poration submits this statement for the tion's board of directors. I hereby accounts	apt the appointment	as registered
	n tamillar with this accept the of	oligations of, Section 607	1005, Florida Statut	love in	JE 11 7"	4/12/90	,
SIGNATURE	Signature harming purely page of refusiters	agent and billo if applicable	(NOTE: Fleoislered A	geni signature requi	red when reinstating)	DATE DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	FORS IN 12
TITLE	P	□ D	LETE 1.1 TITLE			Chang	ge Addition
KAME	FERNANDEZ, LUIS H		1.2 NAMI				
STREET ADDRESS	10490 NW 26TH ST	/	1.3 STRE	ET ADDRESS	21		
CITY-ST-ZIP	MIAMI FL <i>33/7</i> 2ー2	-184	1.4 DITY	ST-ZIP	23172-2184		,
TITLE	VP	□ DI	ELETE 2.1 TITLE			Chang	ge 🔲 Addition
NAME	FERNANDEZ, LUIS C		2.2 NAMI	.			
STREET ADDRESS	10490 NW 26TH ST	5.00/	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMIFL 23/72-		2. 4 CITY	-ST-ZIP	33172-2184		
TITLE		<u></u> □ 0	ELETE 3.1 TITLE	l		Chan	ge 🔲 Addition
NAME			3.2 NAMI	I			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY			[7]	- I Addition
TITLE		□ 0				Chang	ge LAddition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			I Chan	ge Addition
TITLE		D		I .		☐ Chan	go
NAME			5.2 NAMI	I			
STREET ADDRESS		•	-	ET ADDRESS			
CITY-ST-ZIP		□ 0i	5.4 CITY			☐ Chan	ge Addition
TITLE		U		I		L Charl	To TE Writing)
NAME			6.2 NAMI				
STREET ADORESS	^			ET ADDRESS			
CITY-ST-ZIP			6.4 CITY		Section 110 07/21/i) Florido Statutos	16 other paris, that	the information

polomontal 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 of the receiver or trustee empowered to exceeds this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address