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Mar 19 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 # **P94000018862 (0)**

1. Corporation Name
L.L.B. MARKETING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5001 S UNIVERSITY DR SUITE H DAVIE FL 33328	5001 S UNIVERSITY DR SUITE H DAVIE FL 33328-4506

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0470035 ☐ 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	10. Name and Address of New Registered Agent
BREGETTI, LIONEL L 5001 S UNIVERSITY DR SUITE H DAVIE FL 33328	81 Name: Lionel Bregstein Bregetti 82 Street Address (P.O. Box Number is Not Acceptable): 5001 S. University Dr Ste H 83 84 City: Davie, FL **FL** 85 Zip Code: 33328

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, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BREGETTI, LIONEL L		1.2 NAME	Lionel Bregstein Bregetti	
STREET ADDRESS	5001 S UNIVERSITY DR SUITE H		1.3 STREET ADDRESS	5001 S. University Dr Ste H	
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP	Davie, FL 33328	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SERAGUSA, ANTHONY V		2.2 NAME		
STREET ADDRESS	5001 S UNIVERSITY DR SUITE H		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREGETTI, CHRISTINA		3.2 NAME		
STREET ADDRESS	5001 S UNIVERSITY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		3.4 CITY-ST-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			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287482