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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000020359 (3)

LIEN LETTERS, INC.

Principal Place of Business

FILED
Apr 29 1997 8:00am
Secretary of State

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15271 NW 60TH AVENUE SUITE 201 MIAMI LAKES FL 33014 US		SUITE 201	MIAMI LÄKES FL 39014-2432 US		3. Date Incorporated or Qualified 03/16/1994	3a. Date of Last Fleport 03/15/1996	
2. Principal P	lace of Business	2a, Mailing Addr	css		4. FEI Number	Applied I	For
21		26			65-0481840	Not App	licable
Suite, Apt.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & State	8	City & State			6. Election Campaign Financing	\$5.00 May E	Be
23	3		28		Trust Fund Contribution	Added to Fee	
Zip	Country	Z(p	C	ountry	8. This corporation has liability for	intangible tax under s. 199.0	032,
24	25	29	30			Yes No	
		of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
ROL	DRIGUEZ, DANIEL			81 Name			
6492 CORAL WAY Miami Fl 33155					ddress (P.O. Box Number is Not Acceptal	ole)	
				83			
				84 City		FL 85 Zip Code	
11. Pursuant office or ragent. La	to the provisions of Sections egistered agent, or both, in m familiar with, and accept	607,0502 and 607,1508, Horid the State of Florida, Such chan the obligations of, Section 607.	la Statutes, the ge was authoriz 0505, Florida St	above-named or zed by the corporations.	corporation submits this statement for the p oration's board of directors. I horeby accep		slered ered
SIGNATURE							
12.	Signature, typed or printed name of re	gistered agent and title P applicable CERS AND DIRECTORS	(NOTL Registe		required where reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	P	DE NO AND DIRECTORS		TITLE	ADDITIONS/CHANGES TO OFFIC		Addition
NAME	RODRIGUEZ, DANIEL	L	1	NAME		C Ontango Car	100,110.1
STREET ADDRESS	6492 CORAL WAY			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-S1-7iP			
TITLE	V	DD		1117¢E		Change []/	Addition
NAME	BALDACCINI, GARY J						
STREET ADDRESS	14608 BALGOWAN AV	/ENUE		SINEET ADDRESS	14640 BALGOVIAN RD		
CITY-ST-ZIP	MIAMI LAKES FL			4 CITY-ST- ZIP			
TITLE	ST	DE		1011		☐ Change ☐ /	Addition
NAME	EPPEL, NATALIO		3.2	MANA			1
STREET ADDRESS	200 LESLIE DRIVE, AP	T. 515	9.3	R STREET ADDRESS	8650 NW 45T,#201		
CITY-ST-ZIP	HALLENDALE FL				PEMBROKE PINES		
TITLE		DE		13016	3.1140NO 1.100	Change .	Addition
NAME		**	4.2	2 NAME			
STREET ADDRESS			4.3	STREET ADDRESS			ì
CITY-ST-ZIP			4.4	1 CITY-ST-ZIP			
TITLE		□ DF		1 TITLE		Change 7	Addition
NAME			5.2	2 NAME			
STREET ADDRESS			53	STREET ADDRESS			
CITY-ST-ZIP			54	1 CITY-ST-ZIP	·		
TITLE		□ DE	LETE 61	1 TITLE		Change	Addition
NAME			6.2	PNAME			
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.

CICMATUDE.

MANSON OF

4 2024 240