

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Senora B. McPherson
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000040092 (6)

1. Corporation Name

LULY'S GENERAL MERCHANDISE, INC.



Principal Place of Business

7891 W. FLAGLER STREET
 SUITE 177
 MIAMI FL 33144

Mailing Address

7891 W. FLAGLER STREET
 SUITE 177
 MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

ARGUELLO, MARIA L.
 7891 WEST FLAGLER STREET
 SUITE 177
 MIAMI FL 33144

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

02/08/1995

4. FEI Number

65-0493440

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 607.0632 and 607.1503, Florida Statutes, the above named corporation deems 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 607.0626, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the person who is the registered office

Signature of the person who is the registered agent or the person who is the registered office

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DE FE
NAME	ARGUELLO, MARIA L
STREET ADDRESS	7891 W. FLAGLER STREET, SUITE 177
CITY - ST - ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> DE FE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DE FE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DE FE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DE FE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	
22. STREET ADDRESS	
23. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	
32. STREET ADDRESS	
33. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. NAME	
42. STREET ADDRESS	
43. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. NAME	
52. STREET ADDRESS	
53. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. NAME	
62. STREET ADDRESS	
63. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 118.07(3)(k), Florida Statutes. I further certify that the information included on this and all reports or supplemental annual reports is true and correct 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 secretary or clerk, 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:

M Arguello
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3-89-96

643 2223

CR2E034 (12/95)