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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P9400041032 (1)

LARLU, INC.

FILED
Jan 21 1998 8:00am
Secretary of State

2					
Principal Place of Business Mailing Address					
3405 MAIN HWY 3405 MAIN HWY					
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133			33		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/27/1994
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26				65-0492873 Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.		<b>—</b>			5. Certificate of Status Desired  \$8.75 Additional
		27			Fee Required
City & State		28	City_& State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip Country		Zip Country		<del></del>	This corporation owes or has paid the current year Intangible
24	25 29 30		<b>—</b>		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent			~		10. Name and Address of New Registered Agent
MIAMI CORPORATE SYSTEMS, INC.			81	Name	
5200 BLUE LAGOON DR		į.		Street Add	iress (P.O. Box Number is Not Acceptable)
SUITE 700			82	0.000,,,00	· · · · · · · · · · · · · · · · · · ·
MIA	MI FL 33126		83		
			84	City	85 Zip Code
				1	FL   FL   FL   FL   FL   FL   FL   FL
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.					
agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AN	7. C.	13.	one organization or reside	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	COHEN, LAWRENCE H		1.2 NAME		
STREET ADDRESS	ADDRESS 3405 MAIN HWY		1.3 STREET	ADDRESS	
CITY - ST - ZIP			1,4 CITY-5	ST-ZIP	
TITLE	D	DELETE	2,1 TITLE		Change Addition
NAME	COHEN, LUCY C		2.2 NAME	j	
STREET ADDRESS	0 100 1111 1111		2.3 STREET	1	
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	Change Addition
TITLE			3.1 TITLE		Change Madition
NAME			3.2 NAME	ADDRESS	
STREET ADORESS			3.3 STREET	i	
CITY - ST - ZIP			3,4. CITY- 4.1 TITLE	31°ZIF	Change Addition
NAME			4. 2 NAME	ŀ	
STREET ADDRESS			4.3 STREET		
			4.4 CITY - S		
TITLE			5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP	Y-ST-ZIP 5.4 C		5.4 CITY - S	ST-ZIP	
TITLE	ACT TO		6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-2IP 6.4 CI			6.4 CITY - 5	ST-ZIP	
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for	the exemp	ition 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 dath; that if 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.

CICNATUDE:

WALL TOP HET BELL H. OHEW /4/9

305 461-0020

CR2E034 (10/97