FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:51

DOCUMENT # **P94000059560 (0)**

1. Corporation Name
LBB HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~2333 PONCE DE LEON BLVD.~~ ~~SUITE 650~~ ~~CORAL GABLES FL 33134~~	~~2333 PONCE DE LEON BLVD.~~ ~~SUITE 650~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2720 CORAL WAY	26 2720 CORAL WAY
Suite, Apt. #, etc. 22 FOURTH FLOOR	Suite, Apt. #, etc. 27 FOURTH FLOOR
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33145 / 25 U.S.	Zip / Country 29 33145 / 30 U.S.

4. FEI Number: 65-0518265 ☐ 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
DEL VALLE, IGNACIO G 2333 PONCE DE LEON BLVD. SUITE 650 CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/Chairman of Brd.	1.1 TITLE		☐ Change ☐ Addition
NAME	ODRIA, ITALO	1.2 NAME		
STREET ADDRESS	2720 Coral Way, 4th Floor	1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33145	1.4 CITY-ST-ZIP		
TITLE	D/P	2.1 TITLE		☐ Change ☐ Addition
NAME	DEL ROSAL, JR., JORGE LUIS	2.2 NAME		
STREET ADDRESS	2720 Coral Way, 4th Floor	2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33145	2.4 CITY-ST-ZIP		
TITLE	VP/T	3.1 TITLE		☐ Change ☐ Addition
NAME	BLANCO, JR., FRANCISCO	3.2 NAME		
STREET ADDRESS	2720 Coral Way, 4th Floor	3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33134	3.4 CITY-ST-ZIP		
TITLE	VP/S	4.1 TITLE		☐ Change ☐ Addition
NAME	~~LABBRNI, JOSE G.~~	4.2 NAME	ALBRANI, JOSE G.	
STREET ADDRESS	2720 Coral Way, 4th Floor	4.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33134	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
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 is voluntarily furnished and 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: _____ 1/25/95 (305) 447-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCISCO BLANCO

0140359 CP