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Apr 16 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 # P94000062774 (2)

1. Corporation Name
L & B ENTERPRISES, INC.



Principal Place of Business: 4111 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 US
Mailing Address: 4111 OKEECHOBEE BLVD W PALM BEACH FL 33409-3203 US

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 12/16/1996

2. Principal Place of Business: 21 7400 GRANADA Blvd. 22 MIRAMAR, FLA. 23 MIRAMAR
2a. Mailing Address: 26 P.O. BOX 5653 27 WEST HOLLYWOOD 28 HOLLYWOOD
24 33023 25 BROADMEAD 29 33083 30 BROADMEAD

4. FEI Number: 65-0516167 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: ANGULO, LANDOR 4111 OKEECHOBEE BLVD W PALM BEACH FL 33409

10. Name and Address of New Registered Agent: 81 Name: LANDOR ANGULO 82 Street Address (P.O. Box Number is Not Acceptable): 7400 GRANADA Blvd 83 MIRAMAR, FLA. 84 City: MIRAMAR, FL 85 Zip Code: 33023

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: Landor Angulo (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, DELETE checkbox.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, CHANGE/ADDITION checkboxes.

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: Lilia Angulo Secretary 4/10/97 (954) 894-6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006156

CR2E034 (9/96)