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Mar 10 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 # P94000067074 (2)

1. Corporation Name
LAWRENCE IMPORT EXPORT, INC.



Principal Place of Business
41471 N.W. 4TH WAY
MIAMI FL 33172
18975 SYCAMORE DR W.
LOXAHATCHEE FL 33470

Mailing Address
41471 N.W. 4TH WAY
MIAMI FL 33172-4826
18975 SYCAMORE DR W.
LOXAHATCHEE FL 33470

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
04/24/1996

4. FEI Number
65-0518220

5. Certificate of Status Desired
Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution
\$8.75 Additional Fee Required
\$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
LORENZO, JULIO L
41471 N.W. 4TH WAY
MIAMI FL 33172
18975 SYCAMORE DR W
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.08(2) 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. VD
INOCENTE WILLIAM FIGUERDA
6290 W 24 CT BLDG 5 APT 107
HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. DIRECTOR
JULIO L. LORENZO
18975 SYCAMORE DR W
LOXAHATCHEE FL 33470

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.03.97 (305) 824-1274

CR2E034 (9/96)