

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morburn  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067810 (9)**

95 JAN 17 PM 12:26

1. Corporation Name  
**LAKESIDE OFFICE, INC.**

Principal Place of Business      Mailing Address  
**7400 SW 50TH TERR. #301**      **7400 SW 50TH TERR. #301**  
**MIAMI FL 33155**      **MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/12/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
**65-0523096**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

5. Certificate of Status Desired      **\$8.75 Additional**  
      **Fee Required**

City & State      City & State  
23      28

6. Election Campaign Financing  
Trust Fund Contribution      **\$5.00 May Be**  
      **Added to Fees**

Zip      Country      Zip      Country  
24      25      29      30

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**

**AVELLO, LUIS R**  
**7400 SW 50TH TERR. #301**  
**MIAMI FL 33155**

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

(Agent or Agent-in-Charge of Registered Agent and the Corporation)

(If 11. Registered Agent registration required when incorporating)

(Date)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE	DPV
12.2 NAME	AVELLO, LUIS R
12.3 STREET ADDRESS	7400 SW 50TH TERR. #301
12.4 CITY, ST, ZIP	MIAMI FL 33155
12.5 TITLE	ST
12.6 NAME	AVELLO, LUIS R
12.7 STREET ADDRESS	7400 SW 50TH TERR. #301
12.8 CITY, ST, ZIP	MIAMI FL 33155
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY, ST, ZIP	
12.12 NAME	
12.13 STREET ADDRESS	
12.14 CITY, ST, ZIP	
12.15 NAME	
12.16 STREET ADDRESS	
12.17 CITY, ST, ZIP	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 manager 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 of this report, or as an attachment, with an address.

SIGNATURE:

*Luis R. Avello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95

Date

305-666-4188

Telephone No.