

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 9:49

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000080855 (7)

1. Corporation Name
L.I.H., INC.

Principal Place of Business
**728 GRENADA DRIVE
 BOCA RATON FL 33432**

Mailing Address
**728 GRENADA DRIVE
 BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/03/1994** 3a. Date of Last Report

2. Principal Place of Business 21 824 SW. 9th ST CIRCLE Suite, Apt. #, etc. 22 AP. 204 City & State 23 BOCA RATON FL	2a. Mailing Address 26 P.O. BOX 2162 Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip 24 33486 25 PALM BEACH 29 33427 30 PALM BEACH	4. FEI Number 65-053-55-32 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	Applied For Not Applicable
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9. Name and Address of Current Registered Agent

**LOPEZ, IRIS
 728 GRENADA DRIVE
 BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	IRIS LOPEZ	1.2 NAME	
STREET ADDRESS	824 SW. 9th ST. CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(4), 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:

IRIS LOPEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #