

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000091530 (3)**

1. Corporation Name

LARFAM ENTERPRISES, INC.



Principal Place of Business

**3971 S.W. 8TH ST.
SUITE 205
CORAL GABLES FL 33134**

Mailing Address

**3971 S.W. 8TH ST.
SUITE 205
CORAL GABLES FL 33134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**LARRIEU, MANUEL A
3971 S.W. 8TH ST.
SUITE 205
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0549008

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0508, 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. Thereby accept the appointment as registered agent. I am
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Manuel A. Larrieu

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **LARRIEU, RENE P**
STREET ADDRESS **3971 S.W. 8TH ST., STE. 205**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ DELETE
NAME **LARRIEU, JORGE A**
STREET ADDRESS **3971 S.W. 8TH ST., STE. 205**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ DELETE
NAME **LARRIEU, MANUEL A**
STREET ADDRESS **3971 S.W. 8TH ST., STE. 205**
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

**900001763879
-04/01/96--01017--013
***200.00**

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)(k), 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, changed, or certain information with the address.

SIGNATURE:

Manuel A. Larrieu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 1-305-444-6716

CR2E034 (12/95)