

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 # P95000017800 (0)
1. Corporation Name
L & V EXPORT, INC.



Principal Place of Business: 6146 NW 74TH AVE. MIAMI FL 33166
Mailing Address: 6146 NW 74TH AVE. MIAMI FL 33166

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0564137	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MESA, MANUEL A 25 W. FLAGLER ST., PH MIAMI FL 33130				81. Name	MESA MANUEL ARTHUR		
				82. Street Address (P.O. Box Number is Not Acceptable)	250 BIRD ROAD SUITE S-216		
				83. City	CORAL GABLES		
				84. State	FL	85. Zip Code	33144

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	RICARDO LORENZINI			
NAME		1.2 NAME		PRESIDENT/D			
STREET ADDRESS		1.3 STREET ADDRESS		1865 S. OCEAN DRIVE 7E			
CITY-ST-ZIP		1.4 CITY-ST-ZIP		ITALANDALE, FL. 33009			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY/D.			
NAME		2.2 NAME		LORENA VALENTI			
STREET ADDRESS		2.3 STREET ADDRESS		1865 S. OCEAN DRIVE 7E			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		ITALANDALE, FL. 33009			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300001873533			
NAME		5.2 NAME		-06/24/96--01049--018			
STREET ADDRESS		5.3 STREET ADDRESS		***25.00			
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600001873538			
NAME		6.2 NAME		-06/24/96--01049--019			
STREET ADDRESS		6.3 STREET ADDRESS		***25.00 200.00			
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 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 member 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 in an attachment with an address.

SIGNATURE: *Ricardo Lorenzini* RICARDO LORENZINI 4/26/96 305 593-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)