


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 03 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 # P95000022995 (1)					
1. Corporation Name LARCA PRODUCTS, INC.					
Principal Place of Business 1461 N.E. 57TH PL. FT. LAUDERDALE FL 33334			Mailing Address P.O. BOX 24622 FT. LAUDERDALE FL 33307-4622		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1995	
21		26		3a. Date of Last Report 02/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0568454	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent SMITH, CAROL C 1461 N.E. 57TH PL. FT. LAUDERDALE FL 33334			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		
			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME SMITH, CAROL C					
STREET ADDRESS 1461 NE 57 PL					
CITY-ST-ZIP FT LAUDERDALE FL 33334					
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2. 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: <i>Carol C. Smith</i> CAROL C. Smith 1/29/97 (954) 938-0240					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)