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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027124 (3)

L. M. P. INTERNATIONAL, INC.

7270 S.W. S MIAMI FL 3	lace of Business 34TH STREET RD. 3155 al Place of Business	Mailing Address 7270 S.W. 34TH STREET I MIAMI FL 33155-2729  2a. Mailing Address	RD.	3. Date Incorporated or Qualified 04/05/1995	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & 5	State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>7</b> ф <b>24</b>	Country 25	Ζφ <b>29</b>	Country 30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	lstered Agent
7	ALOTO, ROSA M 1270 S.W. 34TH STREET RD. AIAMI FL 33155		<ul><li>81 Name</li><li>82 Street Ac</li><li>83</li><li>84 City</li></ul>	ddress (P.O. Box Number is Not Acceptable	FL 85 Zip Code
11. Pursu office agent SIGNATUI	RE Signature, typed or purified name of registered ag	KOSA M. (/ 1070) ent and title if applicable (NOT ID DIRECTORS	tes, the above-named coauthorized by the corporida Statutes.  President Specification of the corporation of	orporation submits this statement for the p oration's board of directors. I hereby accept populated when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECTORS IN 12
NAME STHEET ACHOR CITY-ST: ZP	PILOTO, ROSA M 7270 S.W. 34TH STREET RD. MIAMI FL 33155	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TIPLE NAME STREET ADDR CITY: ST-ZIP	325	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		Change Addition
THES  NAME  STREET ADDR  CITY - ST- ZIP	£55	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP		L_i Change L_i Addition
TITLE NAME STREET ADOR	ESS	[_] DELETÉ	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITES NAME STREET ADDR	ESS	☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		Change Addition
THLE		DELETE	6.1 TITLE		Change Addition

6.3 STREET ADDRESS

64 CITY-ST-ZP

14. 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 any stachment with an address.

SIGNATURE

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97 305-364-597

**FILED** 

Apr 23 1997 8:00am

Secretary of State