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 # P95000028842 (9)

LAVERLAM INTERNATIONAL, CORP.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



11730 S.W. 110TH LANE MIAMI FL 33188		11730 S.W. 110TH LANE MIAMI FL 33186-3922			,**				
					3. Date Incorporated or Qualified				
	ace of Business SW 188 TERPACE	2a. Mailing Address	190 -	7	pol c	4. FEI Number 65-0572630			Applied For
21 358 Suite, Apt		26 358 Sus Suite, Apt. #, etc.	108		EFRICE	5. Certificate of Status Desired		\$8.7	Not Applicable 5 Additional
22		27						Fee	Required
City & State	XE PIVES, FL	City & State 28 PEMBROKE PINES Zip Count			FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 33029		Zip 29 33029		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	lstered	Agent	
MAZARIEGOS, LUIS 358 SW 188 TERR PEMBROKE PINES FL 33029									
				82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
				83	***************************************		.,	······································	
				84	City		FL	85 Z	ip Code
ottice or r€	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Tamiliar with, and accept the obliga	of Florida. Such change was	authorized	d by	the corporat	poration submits this statement for the plation's board of directors. I hereby accep	urpose of the app	changin ointment	g its registered as registered
	Signature, typed or pented name of registered agen			l Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND	······································	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE NAME	MAZARIEGOS, LUIS	[] DELETE	1.1 Til 1.2 NA					Chang	ge
STREET ADDRESS	358 SW 188 TERR				ADDRESS				
City-St-ZiP	PEMBROKE PINES FL		1.4 CI		i				
Trill#	M. A.	DELETE	2.1 1(1					Chang	e Addition
NAME			2.2 NA	ME			•		
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY - ST - ZIP		- Artitr	2.4 CI		ST-ZIP			1 0	114.00
THILE		☐ DELETE	3.1 111		Ì			Chang	ge L Addition
NAME STREET ADDRESS			3.2 NA		ADDRESS				
CITY - S1 - ZIP			3.4. CI		· · · · I				
TITLE	101 (478 (479 F)) - 17 (67) - 12 (12 (479 (489 448 (489 148 148 148 148 148 148 148 148 148 148	DELETE	4.1 717					Chang	e Addition
NAME			4.2 N	AME				•	
STREET ADDRESS			4.3 ST	REET	address				
CITY - S1 - ZIF		Полет	4.4 CF		T-ZIP	W		- A	
TITLE	DELETE			5.1 TITLE		•		Chang	e Addition
NAME CTOTET ANDREWS			5.2 NA		1000tee				
STREET ADDRESS CITY+ST-ZIP					ADDRESS				
TITLE		DELETE	5.4 C(1 6.1 T)T		1-211			Chang	e Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS	•			
CHTY-ST-ZIF			6401	Y - S1	T-ZIP				

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 armual 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 exporation 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 20 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

T LUIS MARAPLEGOS

APRIL 17, 1997