

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000030625 (4)**

1. Corporation Name

L & R SPORTS COLLECTIBLES, INC.



Principal Place of Business

Mailing Address

3845 E. 4 AVE.
HIALEAH FL 33018

3845 E. 4 AVE.
HIALEAH FL 33018

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3845 E 4th. AVENUE**

26 **3845 E. 4th. AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **HIALEAH, FLORIDA**

28 **HIALEAH, FLORIDA**

Zip

Country

Zip

Country

24 **33013**

25 **DADE**

29 **33013**

30 **DADE**

4. FEI Number

65-0575830

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 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

EMILIO DE ACOSTA

82 Street Address (P.O. Box Number is Not Acceptable)

1301 W 68th. STREET

83

SUITE E-3

84 City

HIALEAH

FL

85 Zip Code

33014

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 607.0525, Florida Statutes.

SIGNATURE

Emilio de Acosta
Signature typed or printed name of registered agent and Florida resident

Emilio de Acosta
Signature typed or printed name of registered agent and Florida resident

(NOTE: Registered Agent Signature required when re-registering)

01/20/96
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P DELGADO, REINALDO N**
STREET ADDRESS **3845 E. 4 AVE.**
CITY - ST - ZIP **HIALEAH FL 33018**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
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CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **D/P/T**
1.3 STREET ADDRESS **DELGADO, REINALDO N**
1.4 CITY - ST - ZIP **3845 E 4th. AVE.**

2.1 TITLE Change Addition
2.2 NAME **HIALEAH, FL. 33013**
2.3 STREET ADDRESS **DELGADO, LARRY**
2.4 CITY - ST - ZIP **3845 E 4th. AVE.**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Reinaldo Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96
DATE

305-621-0117
DAYTIME PHONE #

CR2E034 (12/95)