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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

STREET ADDRESS

appears in Block 12 or Block

C-TY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

954-456-5804

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000033693 (9)

LMB ENTERPRISES GROUP, INC.

125 S.E. 1ST AVE. HALLANDALE FL 33009			125 S.E. 1ST AVE. HALLANDALE FL 33009-5551									
								3. Date Incorporated or Qualified 05/01/1995		te of Last R 6/1996	eport	
2.	Principal Pi	ace of Business	2a. Mail	28. Mailing Address			4. FEI Number		Ar	plied For		
21			26		·····			65-0578591		No	ot Applicable	
22	Suite, Apt		Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State)	City 28	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees		
24	Zip	Country 25	Zip 29	30	Country 30			8. This corporation has liability for in		tax under s No	. 199.032,	
			of Current Registered	Agent	<u> </u>		***************************************	10. Name and Address of New Re				
		LAW FIRM OF LAWRE	NCE J SPIEGEL CHR	TD	81	Na	ame					
343 ALMERIA AVENUE CORAL GABLES FL 33134							reet Addre	ess (P.O. Box Number is Not Acceptab	le)			
					83		.					
					84	Ci	ly		FL	85 Zip	Code	
11	. Pursuant l	to the provisions of Section	ns 607 0502 and 607 15	08 Florida Statutos	the above	0.02	mod corry	oration submits this statement for the m		obanging if	to conjulated	
•	office or re agent. La	egistered agent, or both, i m familiar with, and accep	n the State of Florida. Su If the obligations of, Sec	ich change was auth Iion 607.0505, Florid	orized by a Statute	y the	corporation	oration submits this statement for the p on's board of directors. I hereby accep	of the appo	ointment as	registered	
SI	GNATURE	Signature, typeod or printed name of	registered agent and tille if apple	Sabo (NOTE Re	gistered Age	ent sig	nature require	ed when reinstaling)	DATE	······································		
12		OFF	ICERS AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12	
TITI	i	PERMEINH OREO		DELETE	1.1 TITLE					Change	Addition	
NAI	ł	HERMELYN, CREG 125 S.E. 1ST AVE.			1.2 NAME							
	REET ADDRESS	HALLANDALE FL 330	Λο.		1.3 STREET	ADDF	RESS					
	Y - ST - ZIP	INCOMPAGE IT 550	V a	DECETE	1.4 CITY - S	37 - ZIP	·					
TITI				DELFTE	2.1 TITLE					☐ Change	Addition	
- NAI	REET ADDRESS				2.2 NAME	LDDI	, coo					
	Y-ST-ZIP				2.3 STREET		- 1					
TITE		, , , , , , , , , , , , , , , , , ,	*** ** ** *****************************	DELETE	2. 4 CITY~! 3.1 TITLE	S -24				Change	Addition	
NA	1				3.2 NAME				1	Lines Change		
STR	REET ADDRESS				3.3 STREET	ADDF	RESS .					
CIT	Y. ST. ZIP				3.4. CITY -1	ST- <i>2</i> 18						
TIT	LE			DELETE	4.1 TITLE					Change	Addition	
NAI	ME				4. 2 NAME							
STR	REET ADDRESS				4.3 STREET	ADDF	RESS					
ינים	Y - ST - ZIP				4.4 CITY - S	T-ZIP		<u> </u>				
TITE	LF T			DELETE	5.1 TITLE			711371318718711101.1221		Change	Addition	
NAI	MÉ				5.2 NAME							
STA	reet address				5.3 STREET	ADDF	RESS					
_	Y - ST - ZIP				5.4 CITY - S	T-ZIP						
TIT	·			DELETE.	6.1 THTLE					☐ Change	☐ Addition	
NA	VIE.				6.2 NAME		- 1					

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP 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