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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036234 (9)

LAKE SIDE IMPORT & EXPORT, INC.

FILED
May 09 1997 8:00am
Secretary of State

Principal Place 940 LINCOLN R SUITE 204 MIAMI BEACH I	D MALL	Mailing Address 940 LINCOLN RD MALL SUITE 204 MIAMI BEACH FL 33139-261	0		
				3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report 05/01/1996
2. Principal Pi	lace of Business	2a. Mailing Address 26		4, FEI Number 65-0584360	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Э	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes X No
55.6	9. Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Reg	Istered Agent
	SOUZA, PAULO F LINCOLN RD MALL			20.0	
	E 204		82 Street Addr	ress (P.O. Box Number is Not Acceptable	Ð)
MIAN	AI BEACH FL 33139		63		
			84 City		FL 85 Zip Code
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					
	Signature, typed or printed name of registered agent OFFICERS AND		Rogisfered Agent signature requir	and when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
12.	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	DE SOUZA, PAULO F		1.2 NAME		
STREET ADDRESS	7601 E TREASURE DR #2 104		1.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL 33141 STD	DELETE	1.4 C(1Y-S1-Z)P 2.1 T(1)(f		Change Addition
TITLE NAME	DE SOUZA, CLAUDIA U	better	2.1 MER 2.2 NAME		Onlinge Noonlon
STREET ADDRESS	7601 E TREASURE DR #2 104		2.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL 33141		2. 4 C/1Y - S1 - Z/P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OXDECT ADDRESS	•		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	·	
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		[] DETEIE	5.1 TITLE 5.2 NAME		The provide The Volution
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-7iP		
TITLE		DELETE	6.1 TITLE		Change Addition

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 receipt or truster expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or an attackment with an address.